

EXHIBIT 2

EXPERT CASE SPECIFIC REPORT OF MS. BECKY SMITH

BY DANIEL S. ELLIOTT, MD.

Background And Qualifications

I am a Professor of Urology, section of Female Urology and Reconstructive Pelvic Surgery, at Mayo Clinic Graduate School of Medicine in Rochester, Minnesota. My current curriculum vita, attached hereto as Exhibit “A,” more fully and accurately reflects my training, background, academic activity and publications. However, briefly I received an M.D. in 1993 from Loma Linda University School of Medicine in Loma Linda, California. Following graduation from medical school, I completed one year of General Surgery and five years of Surgical Urology residency at the Mayo Graduate School of Medicine at the Mayo Clinic in 1999. I then completed a one-year advanced surgical fellowship at Baylor College of Medicine in Houston, Texas, in Neurourology, Urodynamics and Voiding Dysfunction. I then re-joined the faculty at the Mayo Clinic, where I have spent the last sixteen years specializing in treating pelvic organ prolapse and urinary incontinence in women and urinary incontinence in men. I have published over sixty peer-reviewed articles and given over a hundred lectures nationally and internationally pertaining to urinary incontinence and pelvic organ prolapse. I have specifically authored three published scientific manuscripts dealing with porcine submucosal intestines. A colleague and I were the first to perform robotic sacrocolpopexy surgery for the treatment of high-grade prolapse and to publish extensively on the subject. I am a frequent invited national and international lecturer at medical and surgical conferences addressing pelvic organ prolapse, its evaluation, treatments, surgical options and management of complications. I have taken and passed the subspecialty credentialing process recently established by the combined boards of the American Board of Urology and American Board of Obstetrics and

Gynecology in Female Pelvic Medicine and Reconstructive Surgery. My *curriculum vitae* is attached as Exhibit A.

Basis of Opinions

I have been asked to provide opinions regarding the subject of pelvic organ prolapse and stress urinary incontinence, the evaluation, treatments, surgical options and management of complications of these conditions, as well as to address the actions of C.R. Bard, Inc. (Bard) regarding its transvaginal mesh products. My opinions are based on my personal knowledge, experience, and my investigation in this case. All of my opinions, and the basis of those opinions, are true and correct to the best of my knowledge and belief, including those related to scientific and medical issues, which I believe are true and correct to a reasonable degree of scientific and medical certainty. I understand discovery is still ongoing in this case and I reserve my right to amend my opinions if further information is provided in any form including, but not limited to corporate documents, depositions and the expert reports of both Plaintiff and Defense experts. I incorporate herein my previous general expert reports filed in the Bard MDL.

My opinions and conclusions regarding the Bard products, the surgical procedures, and the impact on Ms. Smith as covered throughout this report, have not been derived in isolation or are the basis of solitary data and opinion. But rather, my report has been formed and influenced by multiple sources, briefly summarized below:

- The available medical records as they pertain to Ms. Smith and her medical treatment.
- Independent, personal clinical and laboratory porcine submucosal intestine mesh-specific research and research with synthetic mesh-specific function and complications:
 - Clinical manuscripts pertaining to female SUI, female pelvic organ prolapse and their complications and mesh-specific complications; and
 - Animal laboratory studies regarding the effects of polypropylene mesh and host foreign body response and inflammatory response.

- By advanced surgical fellowship training in Voiding Dysfunction and Neurourology, which is above and beyond the normal six-year urologic surgical training and American Board of Urology board certification process.
- My personal surgical and clinical experience as a Female Pelvic Medicine and Reconstructive surgical specialist at a high volume tertiary center managing highly complicated SUI patients and the management of mesh-related complications.
- Attendance, participation and membership in national and international Urological and Gynecological surgical meetings, including, but not limited to the International Pelvic Pain Society, International Continence Society meeting, Society of Female Urology and Urodynamics meeting, American Urologic Association meeting, Canadian Urological Association meeting, UCLA State of the Art Urology meeting, European Urological Association Subsection of Female Urology and Reconstructive Urology; All of which specifically focus on the complexities of treating female SUI and the treatment and management of complications associated with such treatments.
- Preparing and giving invited lectures specifically focus on the complexities of treating female SUI and the treatment and management of complications associated with such treatments at national and international lectures including, but not limited to, the International Continence Society meeting, Society of Female Urology and Urodynamics meeting, American Urologic Association meeting, Canadian Urological Association meeting, UCLA State of the Art Urology meeting, European Urological Association Subsection of Female Urology and Reconstructive Urology;
- Personal interactions and discussion with national and international urologic, gynecologic, urogynecologic and general surgery colleagues regarding the management of SUI in women, manifestation of mesh-specific complications and the treatment of mesh-specific complications.
- Review of the readily available medical literature pertaining to the treatment of SUI and the management of its complications from sources including but not limited to medical journals and the United States National Library of Medicine and the National Institute of Health.
- As a surgical journal editor or reviewer for 15 urologic and/or gynecologic journals. And, being named Best Reviewer in Female Urology/Incontinence/Neurourology for two consecutive years (2012-2013) for the Journal of Urology indicating the highest honor awarded by the editor of the Journal of Urology for excellence in manuscript review and preparation.
- All documents listed in my previously filed MDL reports, as well as those listed in Exhibit B.

In general, my expert opinions can be summarized as follows. This is not intended to be an exhaustive recitation of my opinions in this case. The full scope of my opinions is described in further detail in this report.

Becky Smith:

I have been asked to review the pertinent medical records pertaining to the care of Ms. Smith, and to provide this written report regarding my opinions of her care, surgery, and treatment. Also, I have been asked to provide a written diagnosis and prognosis. As part of this process and as part of any routine examination I perform on a daily basis in my practice, I must perform a thorough differential diagnosis to include and exclude all possible sources for the given patient's condition. The following list is a representative example of the many of the differential diagnoses that I use routinely, and in the case of Ms. Smith, to reach my final opinions:

GYNECOLOGIC:

1. Endometriosis
2. Gynecologic malignancy
3. Pelvic congestion syndrome
4. Pelvic inflammatory disease
5. Pelvic adhesions
6. Leiomyoma
7. Dysmenorrhea
8. Adnexal cysts
9. Ectopic pregnancy
10. Pelvic organ prolapse
11. Mesh extrusion
12. Mesh arm banding
13. Mesh contraction

GENITOURINARY:

1. Bladder neoplasia
2. Interstitial cystitis
3. Radiation cystitis
4. Detrusor sphincter dyssynergia
5. Urethral diverticulum
6. Chronic UTI

7. Recurrent acute UTI
8. Post urinary tract infection syndrome
9. Urinary tract stones
10. Bladder and urethral mesh erosion
11. Bladder foreign body
12. Inflammatory response

GASTROLOGICAL:

1. Constipation
2. Inflammatory bowel disease
3. Irritable bowel disease
4. Diverticular disease
5. Chronic intermittent bowel obstruction
6. Ischemic bowel disease
7. Dyschezia
8. Hemorrhoids
9. Anal fissures

MUSCULOSKELETAL:

1. Fibromyalgia
2. Pelvic floor myalgia
3. Pelvic floor dysfunction

NEUROLOGIC:

1. Herniated vertebral disc
2. Stroke
3. Spinal cord injury
4. Degenerative disc disease
5. Shingles
6. Upper and lower motor neuron disorder or disease process
7. Peripheral nerve degeneration
8. Nerve impingement syndromes
9. Nerve entrapment syndromes

PSYCHIATRIC:

1. Malingering
2. Somatization disorder
3. Anxiety disorder

Ms. Smith's past medical history is significant for migraines, GERD, anxiety, depression, menorrhagia, G6P6, possible fibrocystic breast disease (although she has had no biopsy) a tubal ligation in the late 1980's, and she's a nonsmoker.

On March 7, 2001, Ms. Smith saw Dr. Logan to establish care. Dr. Logan ordered routine labs in light of Ms. Smith's history of anemia. Dr. Logan reviewed her lab results four days later and found "a marked microcytic hypochromic anemia" Ms. Smith followed up six days later regarding her labs. Dr. Logan found radical profound anemia likely related to a menstrual loss/iron deficiency.

Ms. Smith followed up with Dr. Logan on March 30, 2001, at which time he diagnosed anemia, iron deficiency that was "probably GYN-related blood loss" and ordered additional bloodwork. He also diagnosed a heart murmur and ordered an echocardiogram.

May 4, 2001, Ms. Smith saw Dr. Logan for follow-up of blood tests. She reported taking her iron faithfully with the exception of iron holidays due to stomach pain. Dr. Logan's impressions were "[i]ron deficiency anemia probably GYN related blood loss".

Ms. Smith followed up with Dr. Logan regarding her heavy menses on June 8, 2001, at which time Dr. Logan's impressions were dysfunctional uterine bleeding and anemia. Provera 10 mg for 10 days was prescribed. She saw Dr. Logan again on November 9, 2001, at which time she reported ongoing problems with heavy menstrual periods and anemia. Dr. Logan prescribed Desogen to regulate her periods.

On February 3, 2003, Ms. Smith was evaluated by OB/GYN Mitchell J. Strauss, M.D. for complaints of heavy menses. Ms. Smith explained that Dr. Logan placed her on oral contraceptives, which caused a temporary improvement in her menses. However, her heavy cycles returned after a few months. She also explained that she was iron deficient as a result of her heavy cycles, and iron therapy upset her stomach. Dr. Strauss performed a pap smear and ordered a pelvic ultrasound to rule out fibroids. He also performed a pelvic exam and found her cervix was parous and nontender, uterus was anteverted/anteflexed, slightly enlarged to

approximately 10 weeks' size, and adnexa were negative bilaterally. Dr. Strauss also recommended that she "start on a high-dose anti-inflammatory therapy consisting of Motrin 800 mg q. 8 hours for five days at the beginning of each cycle." Ms. Smith was "loath to consider a hysterectomy," so Dr. Strauss counseled her on the Mirena IUD and endometrial ablation, and provided literature on both devices.

Ms. Smith underwent a pelvic ultrasound on February 5, 2003. Dr. Jeffrey Blanche made the following findings:

1. A few fibroids enlarging the uterus to 6.4 cm AP diameter, 6.5 cm to 7.4 cm transverse diameter, and approximately 12 cm in length. A 3.5 cm anterior submucosal fibroid is noted in the upper body of the uterus. A few smaller fibroids are noted in the posterior myometrium.
2. A 1.5 cm simple left ovarian cyst. The right ovary could not be demonstrated. No free fluid is identified.

On February 20, 2003, Ms. Smith returned to Dr. Strauss for review of her ultrasound results. She was informed of the submucous fibroid present on ultrasound, which was the likely cause of menorrhagia not resolving with oral contraceptives. Dr. Strauss offered hysterectomy or hysteroscopic myomectomy, and Ms. Smith stated she would prefer hysteroscopic surgery due to easier recovery.

Ms. Smith had a preoperative visit for hysteroscopy with endometrial ablation on April 7, 2003. The following day, Dr. Strauss performed the hysteroscopy with endometrial ablation. The preoperative diagnosis was submucous fibroid and menorrhagia; the postoperative diagnosis was menorrhagia. In his operative note, Dr. Strauss described the procedure as follows:

"The uterine cavity was closely inspected and no obvious signs of submucous fibroid were noted. There were several deep clefts of the endometrial lining, but no polyps were seen. Due to the patient's menorrhagia, it was decided to perform an endometrial ablation. Two strips of endometrial tissue were obtained, using an Endoloop and the

electrode was then switched for a barrel-shaped resecting loop. Using the high wattage setting on the Versa point machine an endometrial ablation was then performed beginning at each cornu, then extending anteriorly for the anterior portion of the endometrial cavity, and then, finally, posteriorly. The ablation was carried out to the lower uterine segment until the level of the cervical junction was reached. Any areas of bleeding were coagulated, using the barrel with the coagulation setting. After the ablation was completed, the endometrial cavity was closely inspected and no further bleeding was noted. The instruments were then removed under direct visualization, the tenaculum removed, and a sponge stick placed against the cervix, removed and noted to be dry. The anesthesia was then reversed and the patient was taken to the Recovery Room in stable condition.”

There were no complications and Ms. Smith’s estimated blood loss was less than 30 cc. Dr. Strauss noted the following findings: “A uterus sounded to 12 cm with normal-appearing endometrial lining, but no obvious fibroid apparent. There were several deep uterine folds, but no polyps.”

Endometrial specimens from Ms. Smith’s April 8, 2003 procedure were reviewed by pathologist Xiaohong Cia, M.D. The microscopic description of the endocervical curettings: “Section shows two pieces of soft tissue. One piece is heavily cauterized endomyometrial tissue. The glands/stroma ratio of this endometrial tissue is normal without evidence of hyperplasia, dysplasia or malignancy. The second piece is squamous mucosa showing [n]ormal maturation without evidence of HPV effect, dysplasia or malignancy.” Dr. Cia diagnosed “heavily cauterized endometrial tissue, negative for hyperplasia, dysplasia or malignancy” and a “fragment of squamous mucosa, negative for dysplasia.”

Ms. Smith saw Dr. Strauss on April 24, 2003 to follow-up after her hysteroscopy with endometrial ablation. She reported light spotting/discharge after her surgery but no cramps. On exam, Dr. Strauss found “vault with very light amount of old blood; cervix closed, nontender.” He directed Ms. Smith to return for follow-up in 2 months.

On May 28, 2003, Ms. Smith returned to Dr. Strauss and reported “absolutely lighter bleeding than prior to procedure, however, her cycles are completely unpredictable and she now is bleeding daily, ranging from spotting to light menstrual bleeding. Definitely not happy, although admittedly feeling less anemic and bleeding less than before.” Dr. Strauss provided several options to improve bleeding further, including repeating ablation, hysterectomy, progesterone therapy on a cyclic basis, and IUD. He prescribed Prometrium on a cyclic basis for 10 days each month starting with next menses.

Ms. Smith saw Dr. Strauss again on August 14, 2003 to follow up regarding irregular menses. She complained that the 10 day course of Prometrium was too short and induced prolonged menstrual cycles. Dr. Strauss’s assessment and plan was for Ms. Smith to continue Prometrium for 14-18 days each month and explained that if menses become prolonged again or she simply tires of continuing Progesterone therapy, repeat ablation was possible.

On July 1, 2004, Ms. Smith Saw Dr. Strauss for her annual exam. She complained of passing clots and more menstrual cramping. Dr. Strauss assessed “slowly worsening menses despite endometrial ablation 1 year ago” and discussed repeat endometrial ablation with newer techniques.

On February 25, 2005, Ms. Crissman saw Lynn Hoth, APRN for depression, onychomycosis and low back pain. Ms. Hoth increased her Lexapro to 20mg QD, prescribed

Lamisil 250mg QD for 6 weeks, and heat or ice or ibuprofen for low back pain. She was also counseled on lifting correctly and twisting carefully.

Ms. Smith had an annual exam with Lynn Hoth on September 14, 2005. She reported a little urine loss with coughing, and irregular periods with spotting on and off since last period.

On January 1, 2007, Ms. Smith returned to Lynn Hoth for her annual exam. Her urinalysis and GYN assessment were normal.

July 19, 2007, Ms. Smith saw Lynn Hoth and complained of ongoing hand and arm tingling and pain. Ms. Hoth assessed a possible subclavian compression or nerve entrapment. An MRI of C-Spine was taken on August 16, 2007. The clinical information provided noted by Dr. Natalie Ku stated “[n]eck pain, numbness and hyperreflexia. Incontinence, possibly myelopathy.” Dr. Ku’s impressions were “multilevel disk and facet degenerative change with forminal and central canal narrowing ranging up to mild-moderate.”

On October 30, 2007, Ms. Smith underwent a transvaginal pelvic ultrasound. The indications for the ultrasound were “[d]ysfunctional uterine bleeding. History of submucosal leiomyoma, now no menses for 3 weeks. History of endometrial ablation approximately 2 or 3 years ago.” Jeff Blanche, M.D. reviewed the ultrasound and his impressions were: “The uterus has decreased in AP diameter, corresponding with a decrease in fibroid size, particularly the anterior submucosal fibroid, which appears to have decreased from 3.5 to 1.8 cm. The inferior endometrium was not fully visualized due to diffuse anterior fibroid changes.”

On November 15, 2007, Ms. Smith was evaluated by Julie Crawford, M.D. for irregular uterine bleeding and urinary leaking. Ms. Smith reported having irregular vaginal bleeding since January of 2007, bleeding heavily and bleeding approximately 3-4 weeks per month. She also reported urinary leaking with cough, laughing, and sneezing for the past several years requiring

incontinence pads. She denied urge incontinence and reported that she was able to control her bladder when it was full. Based on her history of failed hormonal treatment, Ms. Smith indicated that she would like to move forward with surgical intervention for treatment of uterine bleeding issues. She also stated that she was interested in surgical treatment for her stress incontinence. Dr. Crawford's treatment plan was: vaginal hysterectomy "plus or minus a BSO, plus or minus a TVT or TOT" and "Dr. Kim with urology was consulted to evaluate [Ms. Smith] for stress urinary incontinence and to evaluate if a TVT or TOT is appropriate at time of vaginal hysterectomy."

On November 30, 2007 Ms. Smith was evaluated by Dr. Jin-Hee Kim for complaints of stress urinary incontinence (SUI). Ms. Smith denied problems with urinary urgency or urge incontinence. The pelvic exam was significant for a grade I-II cystocele and a mild rectocele. Dr. Kim concluded that Ms. Smith, at the time of her vaginal hysterectomy would also undergo an Avaulta anterior repair to treat the anterior prolapse and a Align TO sling to treat the SUI. The risks and benefits were discussed with Ms. Smith: "I talked with her about the possibility of doing an Avaulta repair as well as a cystoscopy. A full **PARO** conference was held regarding the procedure."

On January 15, 2008, Dr. Julie Crawford performed a total vaginal hysterectomy and Dr. Kim performed an Avaulta anterior repair and implanted an Align TO sling. Symptomatic uterine fibroids with resultant heavy periods was the indication for the hysterectomy. During the Avaulta portion of the procedure, Dr. Kim passed the Avaulta needle "... through the inferior-most incision, until it could be felt right in front of the ischial spine and exteriorized, and the very proximal arm of the mesh was threaded through and brought out. Care was taken after each of the passes to ensure there was no buttonholing of the vaginal skin." This maneuver was

repeated on the contralateral side and the mesh was trimmed accordingly: “A similar procedure was undertaken on the other side, and excess mesh material on the proximal edge of the mesh was trimmed off.” Dr. Kim then adjusted the tension on the mesh so as to reduce the anterior prolapse and placed sutures to keep the mesh in place: “The mesh was then tightened, and the proximal edge was anchored down with 2-0 Vicryl.” Next, Dr. Kim addressed the superior portion of the transobturator needle passage: “The Avaulta needle was passed then through the middle incision through the superior portion of the obturator foramen and exteriorized, and the distal edge arms of the mesh were threaded through and brought out. This similar procedure was undertaken on the other side as well.” Again, Dr. Kim trimmed the mesh so as to ensure it would lay flat: “**The mesh in the distal edge was also trimmed to size and allowed to lie flat,** and 2-0 Vicryl was used to anchor the distal edge of the mesh to the perivesical fascia.” For the Align TO portion of the case, Dr. Kim placed the mesh through the obturator foramen and then ensured the mesh lay flat under the urethra: “... and the sling itself was allowed to lie flat in the midurethral region; 2-0 Vicryl was also used to allow the mesh to be in the correct position.” The cystoscopy confirmed there were no intraoperative injuries to the bladder or urethra. The procedure and immediate postoperative course were uncomplicated.

The surgical pathology report for Ms. Smith’s uterus and cervix was completed on January 17, 2008. Donald Schafer, M.D. diagnosed total uterus with benign proliferative endometrium; extensive adenomyosis, myometrium; and squamous metaplasia, cervix.

On January 23, 2008 Dr. Kim noted that Ms. Smith was doing “... extremely well” and was urinating without any problems. The physical exam confirmed the incision was healing well and her cystocele was “... completely gone.” There was also “... no sign of any mesh extrusion.” Dr. Kim recommended Ms. Smith continue taking vaginal estrogen cream.

On February 13, 2008, Dr. Kim noted again that Ms. Smith was doing "... extremely well," was urinating without any problems and having regular bowel movements. The physical exam revealed some Vicryl stitches in place, which Dr. Kim assessed to be "quite normal four weeks postop. She confirmed that Ms. Smith's cystocele was "... completely gone." There was also "... no sign of any mesh extrusion." Dr. Kim recommended Ms. Smith continue taking vaginal estrogen cream.

On April 9, 2008, Ms. Smith saw Kristi Windom, PAC complaining of mesh extrusion. Ms. Windom's impression was mesh extrusion and her plan was for vaginal excision of mesh.

On January 16, 2009 Ms. Smith returned to see Dr. Kim with a new complaint of vaginal mesh exposure beginning roughly one month prior: "However, about a month ago [12/2008] her husband noticed some evidence of mesh during sexual intercourse and this is becoming progressively worse." The physical exam was significant for mesh exposure: "anterior vaginal wall does have mesh extrusion mostly in the very proximal edge of the mesh. No other abnormalities were noted." Dr. Kim recommended restarting Estrace® cream, "but because of the extent of the erosion, I think this needs to be treated surgically."

On January 20, 2009 Dr. Kim returned Ms. Smith to the operating room to surgically treat the mesh exposure. During the procedure, Dr. Kim made a "... transverse incision was made alongside where the mesh was extruding... and the excess mesh material was removed quite easily. The edge of the vaginal incision was then undermined to allow the edges to come back together, and again, all the excess mesh material was easily removed." The edges of the incision were closed with 2-0 Vicryl.

On February 6, 2009, March 5, 2009 and April 16, 2009 visits Dr. Kim noted Ms. Smith was doing very well and there was no palpable evidence of recurrent mesh exposure. On April

16, 2009, Dr. Kim repeated the physical exam and demonstrated that "... the anterior vaginal wall has healed up completely. I do not feel any mesh extrusion." Dr. Kim felt that Ms. Smith was doing extremely well and recommened following up only on an as needed basis.

Ms. Smith saw Lynn Hoth for her annual exam on April 27, 2010. She reported that she had "mesh (bladder repair) redone a year ago and has had no problems with it since and seen by Dr. Kim."

On February 16, 2012, Ms. Smith saw Ms. Hoth for her annual exam. She reported no urinary symptoms but complained of pelvic pain with exercise. Her GYN assessment was normal and urinalysis was negative.

Ms. Smith saw Ms. Hoth for her annual exam on August 8, 2013. She complained of bothersome arm pain "but has no other complaints today." Ms. Smith had a normal gynecological examination. Vaginal discharge was noted and Ms. Hoth ordered a gram stain, which revealed no white blood cells, no yeast, no "clue cells" and the smear was not consistent with bacterial vaginosis.

Ms. Smith visited Ms. Shawn Nicolle Kuehl, NP to establish care and for a well-woman's visit on March 21, 2017. Ms. Smith complained of aching pain in the pelvic area that was similar to the pain she experienced prior to the mesh revision in 2009. She reported feeling pain deep in vagina during intercourse. During the vaginal exam, Ms. Kuehl noted that the "bladder sling palpable anteriorly during bimanual exam." Ms. Kuehl states that she "[d]iscussed options for vaginal pain, that is possibly from mesh. I advised starting with vaginal Estrogen cream, we will trial for 2 months and see if it provides relief. Another option is to see Dr. Gerken Ob-Gyn for a steroid injection. And we may refer to a Specialist in Portland for consult for mesh removal

if she does not get adequate pain relief. She understands the options and would like to start with vaginal Estrogen.”

Ms. Kuehl visited with Ms. Smith on August 13, 2018 for a well-woman’s visit. On this visit, Ms. Kuehl noted that Ms. Smith was complaining of continued problems with vaginal pain following the implantation of Avaulta: “She then had vaginal pain, and the mesh was trimmed one year after the procedure, which did not resolve the pain.”

On August 23, 2018, Dr. Linsey Waugh evaluated Ms. Smith for “Pain and discomfort with bladder sling and vaginal mesh.” Dr. Waugh documented that since the Avaulta implantation, “... she has had a constant dull pain especially with intercourse.” The Pain is “... level 2 on scale 1-10.” Ms. Smith was sexually active, however, “has decreased frequency of intercourse due to pain. This is affecting her quality of life. Pain is during deep penetration. Aching in nature. Pain worsens with different positions but is present all of the time. Does not interfere with orgasm. Does not have issues with vaginal lubrication. Does not use lubrication. Does not use estrogen cream on a regular basis.” The physical exam was significant for “Normal postmenopausal atrophic appearance with reduce rugae.” Pain was noted overlying the vaginal mesh: “On palpation significant TTP over mesh anteriorly and laterally to linea.” There was also noted a posterior prolapse to hymen.

Ms. Smith was then referred to Dr. Mary Denman for evaluation of the mesh complications and pain: “Pelvic pain with intercourse, feels a bulge with and after a BM.” Dr. Denman documented: “About a year after the procedure, she did have vaginal bleeding and went back to the OR for a mesh revision. She was on vaginal estrogen around the time of her surgeries but not long term. She has not had pelvic floor PT. She is not on pain medication. She does not have incontinence of urine. She does have issues with bowel incontinence, however,

that has been becoming more troublesome.” The physical exam was significant for vaginal pain, mesh contraction and banding: “Vagina: rugae diminished, thick banding on anterior wall painful to palpation, approximately 2 cm in width at max with lateral arms ? obturator.” Dr. Denman then discussed the treatment options and risks for Ms. Smith:

“Pain/mesh - long discussion held regarding likely surgery that she had, reason for scarring, likelihood of decreasing pain with mesh removal; she is likely to get some benefit given she has isolated pain at the site of the mesh. I would not advocate for complete arm removal as she has neither obturator tenderness nor ischial spine tenderness, the most likely anchor points. Discussed worst case scenarios of no change in pain, fistula, need for further surgery, return of incontinence and/or prolapse. We did discuss the majority of patients - 70% do not opt for further surgery after mesh removal. Discussed need for PT after surgery to help decrease scar tissue formation as well as decrease pain. Discussed need for perioperative vaginal estrogen to improve healing. Discussed limited data guiding management however at this point she is interested in being more aggressive.”

On follow up visit on October 26, 2018, Dr. Denman described Ms. Smith’s condition as: “59 yo with excessive scarring from prior vaginal mesh procedure.” Dr. Denmen consented Ms. Smith for surgical exploration and removal of the Avaulta mesh: “She has a history of an anterior mesh placed for prolapse that subsequently caused her a great deal of pain. She has tried to manage this however it is not improving and she would like the mesh removed to allow for increased vaginal mobility and the potential for improvement with physical therapy.”

On November 16, 2018 Dr. Denman returned Ms. Smith to the operating room with the indication of “Deep dyspareunia.” During the surgery, Dr. Denman noted vaginal mesh scarring

and contraction along with mesh exposure: **“Moderate scarring of contracted mesh at level of trigone/UVJ** with close approximation to both anterior vaginal wall **with likely mild erosion** in midline with also close approximation to the bladder mucosa without bladder entry.” Dr. Denman was able to isolate the mesh and resect it:

“The mesh was noted to be easily palpable with granulation tissue in the midline at a significant dimpling area so this was incised. Midline blue mesh was noted and therefore the mesh was carefully dissected away from the underlying tissue.”

“We then opened the vaginal mucosa and unroofed the vaginal mucosa off towards the lateral vaginal fornixes with Metzenbaum scissors. The mesh was grasped in the midline with an Allis clamp, transected with Mayo scissors, and then the underlying dissection was carried towards the bilateral vaginal fornix and bilateral obturator foramen.”

“During this dissection it was noted the bladder mucosa was quite close to the mesh material. The mesh was dissected laterally as far as possible and then amputated with Mayo scissors and sent for pathology.”

The cystoscopic exam was negative for mesh erosion into the bladder and urethra. The pathology report documented the extent of the mesh removed: “... five fragments of clear plastic mesh material with deeply embedded pink-tan soft tissue. The fragments range from 1.0 x 0.8 x 0.6 cm to 2.5 x 1.6 x 0.4 cm.”

On the December 3, 2018 visit, Dr. Denman noted a small separation of the vaginal incision measuring less than 0.5 cm. Follow up visit on January 2, 2019 there remained a “... small area of midline granulation tissue.” The exam was nontender.

Opinions:

Based upon my medical education, and my review of the currently available medical literature pertaining to Ms. Smith, with a high degree of medical certainty, I have come to the following medical diagnoses:

1. As a result of the implant of the Bard Align TO and Avaulta products and the subsequent foreign body reaction and chronic inflammatory response, Ms. Smith developed problematic vaginal mesh exposure and erosion requiring surgery to repair.
2. As a result of the implant of the Bard Align TO and Avaulta products and the subsequent foreign body reaction and chronic inflammatory response, Ms. Smith developed painful contracture and banding of the mesh.
3. As a result of the implant of the Bard Align TO and Avaulta products and the subsequent foreign body reaction and chronic inflammatory response, Ms. Smith's vagina has scarred and narrowed resulting in severe pain.
4. Ms. Smith has severe vaginal pain resulting in dyspareunia.
5. Through no fault of the implanting surgeon, the resultant reaction from Avaulta and Align TO has caused severe compromise in Ms. Smith's quality of life.

Based upon my medical education, my experience, and my review of the currently available medical literature pertaining to Ms. Smith, with a high degree of medical certainty, I have come to the following conclusions regarding Ms. Smith's prognosis and chance for recovery:

1. Pelvic Pain and Vaginal Pain: Prognosis is poor. It is highly unlikely, even with aggressive physical therapy and biofeedback, for Ms. Smith to have complete resolution of the pelvic and vaginal pain.
2. Dyspareunia: Prognosis is poor. It is unlikely, even with aggressive physical therapy, biofeedback and pelvic floor retraining, for Ms. Smith to have complete resolution of her sexual dysfunction.

Based upon my review of Ms. Smith's medical records, my experience and education, review of the available medical literature and examination of Ms. Smith, I currently hold the

following opinions to a reasonable degree of medical certainty. I reserve the right to supplement and revise my opinions regarding Ms. Smith if further information becomes available.

1. Ms. Smith was not able to make a fully informed medical decision regarding the implantation of Avaulta and Align TO mesh because Bard failed to fully disclose the risks, complications (both early and late) in Avaulta and Align's Instruction for Use.
2. Ms. Smith's implanting surgeon was not able to provide the necessary and required information to Ms. Smith for an informed consent because Bard failed to fully reveal such information and failed to fully evaluate said information prior to launch.
3. Ms. Smith has developed complications as described above as a result of the Avaulta and Align TO being implanted in her body.
4. As a result of these complications from the Avaulta and Align TO devices, Ms. Smith has suffered damages and will most likely continue to suffer future damages.
5. Bard had feasible, safer, cost-effective, alternative devices or designs available at the time of Ms. Smith's surgery that would have significantly decreased the risk of harm to her.

There are many safer alternative devices or designs, rather than the Avaulta, available to treat POP at the time of Ms. Smith's surgery, and based on my experience and review of the medical literature and other materials, it is my opinion that these alternative designs were feasible and safer for Ms. Smith, including:

1. The use of sutures, including delayed absorbable sutures like PDS, in a a uterosacral ligament suspension and a sacrospinous fixation; an anterior colporrhaphy or an abdominal sacrocolpopexy with mesh or biologic products ;
2. Fascia POP repair with Biologics.
3. A POP repair utilizing a lighter weight, larger pore mesh which does not employ the use of polypropylene mesh arms.

There are many safer alternative devices or designs, rather than the Align TO, available to treat SUI at the time of Ms. Smith's surgery, and based on my experience and review of the medical literature and other materials, it is my opinion that these alternative designs were feasible and safer for Ms. Smith, including:

1. A pubovaginal sling;

2. Burch Procedure;
3. Slings made from biologic materials;
4. A lighter weight, larger pore mesh sling

Ms. Smith did not receive information about the above risks because Bard did not disclose them fully in its IFU and surgeons, including the implanting surgeon in Ms. Smith's case, were not made aware of them. This is true despite information readily available to Bard about these risks, which predate the launch of the device. Because of this, Ms. Smith's implanting surgeon could not pass this information on to her and properly consent her about the risks associated with the Avaulta device. Ms. Smith was unable to make a fully informed decision about having the Bard devices implanted. As a result, to a reasonable degree of medical certainty, Ms. Smith suffered injuries that were not disclosed to her by Bard and the inadequate disclosure of these risks were a substantial factor and/or cause of Ms. Smith's injuries.

Based upon my medical education, and my review of the currently available medical literature pertaining to Ms. Smith, with a high degree of medical certainty, it is my opinion that Dr. Jin-Hee Kim's and Dr. Mary Denman's care and treatment of Ms. Smith met the standards of care. In each case, the pre-operative evaluation of Ms. Smith met the standard of care and the procedure was performed within the standard of care. There is no evidence of surgeon error, deviation from the appropriate procedural steps, surgical complications, excess blood loss, surgical site contamination, or excess surgical duration.

Based upon my review of Ms. Smith's medical records, my experience, education, and review of the available medical literature of Ms. Smith, I currently hold the foregoing opinions to a reasonable degree of medical certainty. I reserve the right to supplement and revise my opinions regarding Ms. Smith if further information becomes available.



Daniel S. Elliott, MD

Date: May 24, 2019

Curriculum Vitae and Bibliography

Daniel S Elliott, MD

1. Personal Information

Citizenship: United States of America

2. Present Academic Rank and Position

Consultant - Department of Urology, Mayo Clinic, Rochester, Minnesota	07/2003 - Present
Associate Professor of Urology - Mayo Clinic College of Medicine and Science	01/2013 – 03/2016
Professor of Urology – Mayo Clinic College of Medicine and Science	04/2017 -- Present

3. Education

Biola University - BS, Biological Science	1988
School of Medicine, Loma Linda University - MD	1993
Mayo School of Graduate Medical Education, Mayo Clinic College of Medicine - Internship, General Surgery	1993 - 1994
Mayo School of Graduate Medical Education, Mayo Clinic College of Medicine - Resident, Urologic Surgery	1994 - 1999
Baylor College of Medicine - Fellow, Neurourology, Urodynamics and Voiding Dysfunction	1999 - 2000

4. Certification

Board Certifications

American Board of Urology

Urology	2002 - 2012
Urology/Female Pelvic Medicine and Reconstructive Surgery	2013 - Present

5. Licensure

6. Honors and Awards

AUA Resident Award - John D. Silbar North Central Section	10/1998
Urology Grant Recipient - Pfizer Scholars	01/1999
DeWeerd Travel Award Recipient - Awarding Organization	06/1999
Annual Audio-Visual Award - AUA - American Urological Association, Washington, District of Columbia	05/2011
Small intestinal submucosa urethral wrap as a salvage treatment option following multiple failed artificial urinary sphincters - Third Prize - Landon Trost, Daniel Elliott	
Best Reviewer in 2011 Award - Urodynamics/Incontinence/Female Urology/Neurourology - The Journal of Urology	05/2012
Annual Audio-Visual Award - AUA - American Urological Association, San Diego, California	05/2013
Long-Term Outcomes of Patients Undergoing the Standard Versus Modified (5 Points of Fixation, 1 Point of Plication) Technique for Virtue Male Sling Placement - First Honorable Mention - Landon Trost, Daniel Elliott	
Best Reviewer in 2012 Award - Urodynamics/Incontinence/Female Urology/Neurourology - The Journal of Urology	05/2013
Kelalis Resident Essay Competition - Minnesota Urological Society, Lakeland,	02/2015

Minnesota

Autologous Transobturator Urethral Sling Placement for Female Stress Urinary Incontinence - Third Prize - Brian Linder, Daniel Elliott

Second Place Best Poster Western Section American Urological Association Meeting - American Urological Association 10/2015

Perioperative Impact of Androgen Therapy on Artificial Urinary Sphincter Outcomes. George Bailey, Brian Linder, Marcelino Rivera, Daniel S. Elliott

The North Central Traveling Fellowship Award - North Central Section American Urological Association 11/2015

Long-Term AUS Outcomes in 1082 Patients

12th Annual Segura Contest - Joseph Segura Essay Contest 04/2016 - Present

Winner- Best Paper; Artificial Urinary Sphincter Urethral Erosions: Temporal Patterns, Management and Incidence of Preventable Erosions

7. Military Service

8. Previous Professional Positions and Major Appointments

Senior Associate Consultant - Department of Urology, Mayo Clinic, Rochester, Minnesota 07/2000 - 06/2003

Assistant Professor of Urology - Mayo Clinic College of Medicine and Science 04/2002 - 12/2012

9. Professional and Community Memberships, Societies, and Services

Professional Memberships and Services

American Association of Clinical Urologists	
Member	1998 - 2005
American Medical Association	
Member	1991 - 2001
American Urological Association	
Member	2000 - Present
European Association of Urology	
International Member	03/2013 - Present
Section of Female and Functional Urology	
International Member	04/2013 - Present
Section of Genitourinary Reconstructive Surgeons	
International Member	03/2013 - Present
Committee Member	04/2014 - Present
International Continence Society	
Member	2001 - Present
International Continence Society Artificial Urinary Sphincter Standardization Committee	
Member	07/2015 - Present
International Pelvic Pain Society	
Member	05/2014 - Present
International Urogynecologic Association	
Member	05/2013 - Present
International Urogynecologic Society	
Member	2003 - Present

Minimally Invasive Robotic Association	
Member	2005 - Present
Minnesota Medical Association	
Member	2002 - Present
Zumbro Valley Medical Society	
Member	2002 - Present
Minnesota Urological Society	
Member	2006 - Present
Olmsted County Medical Association	
Member	2002 - Present
Society for Urodynamics & Female Urology	
Member	2002 - Present
Education Committee	
Committee Member	08/2014 - Present
Society of Laparoendoscopic Surgeons	
Member	2005 - Present
Society of Urologic Prosthetic Surgeons	
Member	2005 - Present

Journal Editorial Responsibilities

Journal of Gynecology and Obstetrics	
Editorial Board Member	
Journal of Robotic Surgery	
Consulting Editor	

Journal Other Responsibilities

Archives of Gynecology and Obstetrics	
Reviewer	
Canadian Urological Association Journal	
Reviewer	
Cleveland Clinic Journal of Medicine	
Reviewer	
Contemporary Clinical Trials	
Reviewer	
European Journal of Obstetrics & Gynecology and Reproductive Biology	
Reviewer	
European Urology	
Reviewer	
International Journal of Surgery	
Reviewer	07/2016 - Present
International Urogynecology Journal	
Reviewer	
Journal of Endourology	
Reviewer	
Journal of Investigative Urology	
Reviewer	

Mayo Clinic Health Letter
Reviewer
Mayo Clinic Proceedings
Reviewer
Nature Clinical Practice Urology
Reviewer
Neurourology and Urodynamics
Reviewer
Obstetrics & Gynecology International Journal
Reviewer
The Journal of Urology
Reviewer
Urologia Internationalis
Reviewer

10. Educational Activities

A. Curriculum and Course Development

Society for Urodynamics and Female Urology Education Committee Mayo Clinic	08/2014 - Present
Mayo Clinic Department of Urology Clinical Competency Chair Mayo Clinic	01/2015 - Present

B. Teaching - Intramural

Education Committee	
Prostate Pathology Mayo Medical School Rochester, Minnesota	03/17/2005
Society for Urodynamics and Female Urology	08/2014 - Present

C. Mentorship

Individual and Position	Timeframe	Outcomes	Current Status
Dora, Chandler Resident	6/2001 - 6/2003	Published Manuscript	Private Practice Florida
DiMarco, David Resident	6/2003 - 6/2004	Published Manuscript	Private Practice Oregon
Frank, Igor Resident	6/2004 - 6/2005	Published Manuscript	Consultant Urology Mayo
Krambeck, Amy Resident	6/2005 - 6/2008	Published Manuscript	Indiana University Staff Urology
Routh, Jonathan Resident	6/2006 - 6/2007	Published Manuscript	Duke University Urology

Inman, Brant Fellow	6/2007 - 8/2007	Published Manuscript	Duke University Urology
Thompson, Houston	6/2007 - 8/2007	Published Manuscript	Consultant Urology Mayo
Siddiqui, Sameer Resident	6/2007 - 6/2009	Published Manuscript	St. Louis University Urology
Tollefson, Matthew Resident	6/2010 - 8/2010	Published Manuscript	Consultant Urology Mayo
Trost, Landon Resident	6/2011 - 6/2013	Published Manuscript	Consultant Urology Mayo
Linder, Brian Resident and Fellow	6/2013 - Present	Published Manuscripts	Mayo Urogynecology Fellow
Rivera, Marcelino Resident	6/2014 - Present	Published Manuscript	Fellow Indiana University
Viers, Boyd Resident	6/2014 - Present	Published Manuscript	Fellow Reconstructive Urology
Ziegelmann, Matthew Resident	6/2014 - Present	Published Manuscript	Urology Resident Mayo
Agarwal, Deepak Resident	6/2015 - Present	Manuscript Accepted for Publication	Urology Resident Mayo
McCall, Andrew Resident	6/2015 - 6/2016	Published Manuscript	Urology Resident Mayo

D. Academic Career Development

11. Institutional/Departmental Administrative Responsibilities, Committee Memberships, and Other Activities

Mayo Clinic

Mayo Clinic Formulary Committee

Committee Member

2000 - 2003

Program Education Committee

Member

02/2016 - Present

Mayo Clinic in Rochester

Department of Urology

Clinical Competency Committee

10/2013 - Present

Chair	01/2015 - Present
Clinical Practice Committee	
Committee Member	2000 - 2004
Education Committee	
	02/2003 - 11/2008
	10/2013 - Present

12. Presentations Extramural

National or International

Invited

Robotic-Assisted Laparoscopic Management of Vaginal Vault Prolapse Minimally Invasive Robotics Association Innsbruck, Austria	12/2005
Assessment of Durability of Robotic Sacrocolpopexy for the Treatment of Vaginal Vault Prolapse Minimally Invasive Robotics Association New York, New York	01/2007
Minimally Invasive Advances: Stress Incontinence Mayo Clinic Rochester, Department of Urology Kohala Coast, Hawaii	02/2007
Treatment Options for the Failed Sling Mayo Clinic Rochester, Department of Urology Kohala Coast, Hawaii	02/2007
Robotics Use in Gynecology: The Mayo Clinic Experience Robotic Surgery: Facts or Fiction? Milano, Italy	06/2007
Indication and Management of Artificial Urinary Sphincter 7th Osijek Urological Days Osijek, Croatia	10/2007
Robotics Use in Gyenecology 7th Osijek Urological Days Osijek, Croatia	10/2007
Robotic Urogynecologic Surgery 3rd Annual World Robotic Urology Symposium Orlando, Florida	03/2008

Latest Advances and Treatment of Complications in Minimally Invasive Treatments for Stress Incontinence Indian American Urological Association (IAUA) Orlando, Florida	05/2008
Surgical Advances of Stress Urinary Incontinence Indian American Urological Association (IAUA) Orlando, Florida	05/2008
Robotic Sacrocolpopexy 2009 International Robotic Urology Symposium (IRUS), Henry Ford Health System Las Vegas, Nevada	01/2009
Robotic Sacrocolpopexy Progress International Robotic Urology Symposium, Henry Ford Health System Las Vegas, Nevada	01/2009
Management of Complications Following Anti-Incontinence Procedures Mayo Clinic, Department of Urology, Rochester Meeting Kona, Hawaii	02/2009
Minimally Invasive Advances: Stress Incontinence Mayo Clinic, Department of Urology, Rochester Meeting Kona, Hawaii	02/2009
Overactive Bladder: Current Concepts of Management Mayo Clinic, Department of Urology, Rochester Meeting Kona, Hawaii	02/2009
Current Status Robotic GYN Surgery 2010 International Robotic Urology Symposium (IRUS), Henry Ford Health System Las Vegas, Nevada	01/2010
Plenary Session: Robotics for Female Pelvic Reconstruction: Who, When and What? American Urological Association (AUA) San Francisco, California	05/2010
Robotic Sacrocolpopexy 28th World Congress on Endourology and SWL Chicago, Illinois	09/2010
Female Urology 28th World Congress on Endourology and SWL	09/2010

Chicago, Illinois

OAB Current Concepts and Management	02/2012
Mayo Clinic Reviews in Urology	
Kohala Coast, Hawaii	

Transvaginal Mesh Kits Complications and Alternatives	02/2012
Mayo Clinic Reviews in Urology	
Kohala Coast, Hawaii	

Treatment and Evaluation of the Complicated Artificial Urinary Sphincter Patient	02/2012
Mayo Clinic Reviews in Urology	
Kohala Coast, Hawaii	

Vaginal Mesh for POP: What's the Data Show?	05/2012
Indian American Urological Association (IAUA)	
Atlanta, Georgia	

How Do Different Centres Perform Robot-Assisted-Sacrocolpopexy?	06/2012
4th Annual Society of European Robotic Gynecological Surgery (SERGS)	
Marseille, France	

Optimizing Quality of Life With Regard to Urologic Function After Sacrectomy	01/2013
The 4th Annual Sacral Tumor Study Group Conference, Massachusetts General Hospital	
Boston, Massachusetts	

Treatment of Bladder and Urethral Mesh Erosion: Remove and Reconstruct	02/2015
Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU)	
Scottsdale, Arizona	

Male Urinary Incontinence Management	05/2015
Association Française d'Urologie (AFU) / American Urological Association (AUA)	
New Orleans, Louisiana	

Managing Complications and Reoperative Surgery after AUS: State of the Art Lecture	09/2016
Spain Urological Society	
Madrid, Spain	

Real Life Outcomes of Urinary Incontinence After Radical Prostatectomy, Radiation Therapy, and Focal Therapy	09/2016
Spain Urological Society	
Madrid, Spain	

Oral

Long Term Follow-Up of Endoscopically Treated Upper Tract Transitional Cell Carcinoma American Urological Association Annual Meeting Las Vegas, Nevada	04/1995
Long Term Analysis of 323 AMS 800 Artificial Urinary Sphincters Urodynamics Subsection Meeting, American Urological Association Orlando, Florida	05/1996
Transabdominal Enzymatic Ablation of the Prostate in the Canine Model: Evaluation for Use for the Treatment of Outflow Obstruction Due to Benign Prostatic Hyperplasia Urodynamics Subsection Meeting, American Urological Association Orlando, Florida	05/1996
Analysis of Functional Durability of AMS 800 Artificial Urinary Sphincter: The Mayo Clinic Results American Urological Association Annual Meeting New Orleans, Louisiana	04/1997
Long Term Follow-Up Primary Realignment of Urethral Disruption Following Pelvic Fracture American Urological Association Annual Meeting New Orleans, Louisiana	04/1997
Does Reoperation on an Artificial Urinary Sphincter Increase the Likelihood for Further Reoperations for Mechanical or Nonmechanical Failure? American Urological Association Annual Meeting San Diego, California	06/1998
Is Nephroureterectomy Necessary in All Cases of Upper Tract Transitional Cell Carcinoma? Long Term Results of Conservative Endourology Management of Upper Tract Transitional Cell Carcinoma in Individuals with Normal Contralateral Kidneys American Urological Association Annual Meeting Dallas, Texas	05/1999
Durability of Cadaveric Pubovaginal Sling American Urological Association Annual Meeting Anaheim, California	06/2001
Does the Addition of Antibiotic Prophylaxis to CIC Alter the Incidence of UTI? American Urological Association Annual Meeting Orlando, Florida	06/2002
Robotic Laparoscopic Sacrocolpopexy: New Surgical Technique for the Treatment	04/2003

of Vaginal Vault Prolapse (Video Presentation)
 American Urological Association
 Chicago, Illinois

Advancement in Salvage Procedure Following Failed Artificial Urinary Sphincter: 05/2006
 Tandem Transcortical Artificial Urinary Sphincter Cuff Technique (Video
 Presentation)
 American Urological Association
 Atlanta, Georgia

Severe Recurrent Bladder Neck Contracture After Prostatectomy: Salvage with 05/2008
 Urethral Wall Stent (Video and Poster Presentation)
 American Urological Association (AUA)
 Orlando, Florida

Small Intestinal Submucosa Urethral Wrap as a Salvage Treatment Option 05/2011
 Following Multiple Failed Artificial Urinary Sphincters
 Audio-Visual
 American Urological Association (AUA)
 Washington, District of Columbia

Impact of Patient Obesity on Robotic Sacrocolpopexy for the Treatment of Vaginal 02/2013
 Vault Prolapse
 Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction
 (SUFU)
 Las Vegas, Nevada

Robotic Transvesical Rectourethral Fistula Repair Following a Robotic Radical 02/2013
 Prostatectomy (Video Presentation)
 Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction
 (SUFU)
 Las Vegas, Nevada

The Impact of Prior Radiotherapy on Outcomes Following Surgical Repair of a 02/2013
 Rectourethral Fistula in Men with Prostate Cancer
 Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction
 (SUFU)
 Las Vegas, Nevada

Long Term Risk for Repeat Anti-Incontinence Surgery following Urethrolysis: A 05/2013
 Review of 100 Patients
 American Urological Association (AUA)
 San Diego, California

Long-Term Outcomes of Patients Undergoing the Standard Versus Modified (5 05/2013
 Points of Fixation, 1 Point of Plication) Technique for Virtue Male Sling Placement
 (Video Presentation)
 American Urological Association (AUA)
 San Diego, California

Robotic Transvesical Rectourethral Fistula Repair Following a Robotic Radical Prostatectomy (Video Presentation) American Urological Association (AUA) San Diego, California	05/2013
The Impact of InhibiZone on Artificial Urinary Sphincter Infection Rate American Urological Association (AUA) San Diego, California	05/2013
Impact of Patient Obesity on Robotic Sacrocolpopexy for the Treatment of Vaginal Vault Prolapse 3rd International Meeting "Challenges in Endourology & Functional Urology" Paris, France	06/2013
Effect of Prior Radiotherapy and Ablative Therapy on Surgical Outcomes for the Treatment of Rectourethral Fistulas 2nd Joint Section Meeting of ESFFU, ESGURS, and ESOU Tubingen, Germany	10/2013
Impact of Patient Obesity on Robotic Sacrocolpopexy for the Treatment of Vaginal Vault Prolapse 2nd Joint Section Meeting of ESFFU, ESGURS, and ESOU Tubingen, Germany	10/2013
Long-term Impact of Artificial Urinary Sphincter Reimplantation Following Prior Device Explantation for Erosion and/or Infection 2nd Joint Section Meeting of ESFFU, ESGURS, and ESOU Tubingen, Germany	10/2013
Long-Term Device Outcomes for Artificial Urinary Sphincter Reimplantation Following Prior Explantation for Erosion or Infection Society of Urodynamics Female Pelvic Medicine & Urogenital Reconstruction Miami, Florida	02/2014
Results of Artificial Urinary Sphincter Reimplantation Following Previous Erosion and/or Infection 29th Annual Congress of the European Association of Urology Stockholm, Sweden	04/2014
Autologous Transobturator Mid-Urethral Sling Placement: A Novel Outpatient Procedure for Female Stress Urinary Incontinence (Video Presentation) American Urological Association (AUA) Orlando, Florida	05/2014
Surgical Management of Female Benign Urethral Stricture Disease: A Ten Year Experience American Urological Association (AUA)	05/2014

Orlando, Florida

A Comparison of Artificial Urinary Sphincter Device Outcomes Among Patients With and Without Diabetes 02/2015

Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU)

Scottsdale, Arizona

A Prospective Evaluation of Complications After Artificial Urinary Sphincter Placement and Their Impact on Device Survival 02/2015

Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU)

Scottsdale, Arizona

Autologous Transobturator Urethral Sling Placement for Female Stress Urinary Incontinence 02/2015

Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU)

Scottsdale, Arizona

Effects of Radiation Therapy on Device Survival Among Individuals with Artificial Urinary Sphincters 02/2015

Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU)

Scottsdale, Arizona

Holmium Laser Excision of Genitourinary Mesh Exposure Following Anti-Incontinence Surgery: Minimum 6 Month Follow-up 02/2015

Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU)

Scottsdale, Arizona

Outcomes for Artificial Urinary Sphincter Placement After Prior Male Urethral Sling Failure 02/2015

Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU)

Scottsdale, Arizona

The Effect of BMI on Primary Artificial Urinary Sphincter Outcomes Among Males with Stress Urinary Incontinence 02/2015

Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU)

Scottsdale, Arizona

Urethral Management During Artificial Urinary Sphincter Explantation for Erosion 02/2015

Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU)

Scottsdale, Arizona

Holmium Laser Excision of Genitourinary Mesh Exposure Following Anti-Incontinence Surgery: Minimum 6 Month Follow-up American Urological Association (AUA) New Orleans, Louisiana	05/2015
Artificial Urinary Sphincter Mechanical Failures: Is It Better To Replace The Entire Device Or Just The Malfunctioning Component? Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU)	02/2016
Long-Term Outcomes Following Artificial Urinary Sphincter Placement: An Analysis Of 1082 Cases At Mayo Clinic Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU)	02/2016
Predictors of Poor Patient Satisfaction Following Primary AUS Placement Among Men With and Without A Prior History of Radiation Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU)	02/2016
Long-Term Quality of Life and Functional Outcomes Among Primary and Secondary Artificial Sphincter Urinary Sphincter Implantations in Men With Urinary Incontinence European Urology Association Munich, Germany	03/2016
Artificial Urinary Sphincter Mechanical Failures: Is It Better to Replace the Entire Device or Just the Malfunctioning Component? European Urology Association Munich, Germany	03/2016
Predictors of Bladder Neck Contracture Following Radical Prostatectomy European Urology Association Munich, Germany	03/2016
Artificial Urinary Sphincter Mechanical Failures: Is It Better To Replace The Entire Device Or Just The Malfunctioning Component? American Urological Association Annual Meeting San Diego, California	05/2016
Autologous Transobturator Urethral Sling Placement For Female Stress Urinary Incontinence American Urological Association Annual Meeting San Diego, California	05/2016
Long-Term Outcomes Following Artificial Urinary Sphincter Placement: An Analysis of 1,082 Cases At Mayo Clinic American Urological Association Annual Meeting San Diego, California	05/2016

Long-Term Quality of Life and Functional Outcomes Among Primary and Secondary Artificial Sphincter Urinary Sphincter Implantations in Men With Urinary Incontinence 05/2016
American Urological Association Annual Meeting
San Diego, California

Predictors Of Patient Satisfaction Following Primary AUS Placement Among Men With And Without A Prior History of Radiation 05/2016
American Urological Association Annual Meeting
San Diego, California

Artificial Urinary Sphincter Outcomes Based Upon Etiology of Incontinence in a Large Single Center Cohort 03/2017
Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU)
Scottsdale, AZ, Arizona

Artificial Urinary Sphincter Revisions with Quick-Connectors versus Suture Tie Connectors: Does the Technique Make a Difference? 03/2017
Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU)
Scottsdale, AZ, Arizona

Can Time to Failure Predict Artificial Urinary Sphincter Component Failure? 03/2017
Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU)
Scottsdale, AZ, Arizona

How Informed is Our Consent? Patient Awareness of Radiation and Radical Prostatectomy Complications 03/2017
Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU)
Scottsdale, AZ, Arizona

Outcomes Comparison of Artificial Urinary Sphincter Device Survival in Patients on Warfarin versus Patients Not on Warfarin 03/2017
Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU)
Scottsdale, AZ, Arizona

Poster

Sacrocolopexy Results 08/2004
Colloquium-ICS/IUGA 2004
Paris, France

Robot-Assisted Laparoscopic Sacrocolpexy for Treatment of High Grade Vaginal Vault Prolapse: Surgical Technique and Initial Experience 09/2007

29th Congress of the Societe Internationale d'Urologie
Paris, France

Robot Sacrocolpopexy: A Review of the Learning Curve in Fifty Cases
4th World Congress on Controversies in Urology (CURy)
Paris, France 01/2011

Impact of Radiotherapy on Surgical Repair and Outcomes in Patients with
Rectourethral Fistula.
67th Annual Meeting of the Canadian Urological Association
Alberta, Canada 06/2012

Comparative Surgical Complications of the Robotic Sacrocolpopexy for Pelvic
Organ Prolapse vs. Traditional Transabdominal Sacrocolpopexy
European Robotic Urology Symposium (ERUS)
London, United Kingdom 09/2012

Effect of Prior Radiotherapy and Ablative Therapy on Surgical Outcomes for the
Treatment of Rectourethral Fistulas
Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction
(SUFU)
Las Vegas, Nevada 02/2013

Effect of Prior Radiotherapy and Ablative Therapy on Surgical Outcomes for the
Treatment of Rectourethral Fistulas
American Urological Association (AUA)
San Diego, California 05/2013

Impact of Patient Obesity on Robotic Sacrocolpopexy for the Treatment of Vaginal
Vault Prolapse
American Urological Association (AUA)
San Diego, California 05/2013

Risk Factors for Intraoperative Conversion During Robotic Sacrocolpopexy
Society of Urodynamics Female Pelvic Medicine & Urogenital Reconstruction
Miami, Florida 02/2014

Outcomes and Predictors of Reoperation After Sling Release Surgery
American Urological Association (AUA)
Orlando, Florida 05/2014

Term Device Outcomes for Artificial Urinary Sphincter Reimplantation Following
Prior Explantation for Erosion or Infection
American Urological Association (AUA)
Orlando, Florida 05/2014

A Prospective Evaluation of Complications After Artificial Urinary Sphincter 05/2015

Placement and Their Impact on Device Survival
 American Urological Association (AUA)
 New Orleans, Louisiana

Artificial Urinary Sphincter Outcomes in Octogenarians 05/2015
 American Urological Association (AUA)
 New Orleans, Louisiana

Effects of Radiation Therapy on Device Survival Among Individuals with Artificial Urinary Sphincters 05/2015
 American Urological Association (AUA)
 New Orleans, Louisiana

Effects Of Smoking Status On Device Survival Among Individuals Undergoing Artificial Urinary Sphincter Placement 02/2016
 Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU)

Long-Term Subjective And Functional Outcomes Of Primary And Secondary Artificial Urinary Sphincter Implantations Among Men With Stress Urinary Incontinence 02/2016
 Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU)

Temporal Pattern of Artificial Urinary Sphincter (AUS) Cuff Erosions Indicating Differing Etiologies of AUS Cuff Erosions 02/2016
 Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU)

Regional

Invited

How to Evaluate and Treat the Incontinent Patient 09/2000
 Mayo Clinic Internal Medicine Grand Rounds
 Mayo Clinic

Rectocele 10/2004
 Office of Women's Health brown bag
 Rochester, Minnesota

Latest Developments in Treating Female Stress Urinary Incontinence 04/2005
 Michigan Urologic Society

Robotics Surgery for Vaginal Prolapse 06/2007
 Controversies in Women's Health Symposium 2007
 Nisswa, Minnesota

Incontinence and Other Urological Issues Radio Broadcast, Hosted by Dr. Thomas Shives HealthLine - KROC Radio Rochester, Minnesota	08/2007
A Practical Approach to Treating Incontinence Clinical Reviews, Rochester Civic Center Rochester, Minnesota	10/2008
A Practical Approach to Treating Incontinence Clinical Reviews, Rochester Civic Center Rochester, Minnesota	11/2008
Incontinence and Other Urological Issues Radio Broadcast, Hosted by Dr. Thomas Shives Medical Edge Weekend - KROC Radio Rochester, Minnesota	03/2010
Urinary Incontinence Radio Broadcast, Hosted by Dr. Thomas Shives Medical Edge Weekend - KROC Radio Rochester, Minnesota	03/2011
Incontinence: Causes and Treatments Prostate Cancer Support Group Rochester, Minnesota	02/2013
Urinary Incontinence Radio Broadcast, Hosted by Dr. Thomas Shives Medical Edge Weekend - KROC Radio Rochester, Minnesota	05/2014
Autologous Transobturator Urethral Sling Placement for Female Stress Urinary Incontinence Minnesota Urological Society (MUS) Spring Seminar Minneapolis, Minnesota	03/2015
Management of Concomitant SUI and Stricture Disease 2015 Mayo Clinic Updates in Urology and Case Conference Program Schedule Rochester, Minnesota	08/2015
Managing the Mesh Mess - Diagnosing and Managing Mesh Complications and Non-Mesh Alternatives 2015 Mayo Clinic Updates in Urology and Case Conference Program Schedule Rochester, Minnesota	08/2015

Surgical Tips to Optimize Outcomes of AUS Placement 08/2015
 2015 Mayo Clinic Updates in Urology and Case Conference Program Schedule
 Rochester, Minnesota

Incontinence 12/2015
 Radio Broadcast, Hosted by Tracy McCray
 Mayo Clinic Radio
 Rochester, Minnesota

Oral

Paratesticular Angiomyofibroblastoma 09/1995
 North Central Section, American Urological Association
 Minneapolis, Minnesota

Does the Degree of Preoperative Elevation PSA Exclude a Patient for 10/1996
 Consideration for Radical Retropubic Prostatectomy?
 North Central Section, American Urological Association
 Tucson, Arizona

Does Reoperation of an Artificial Sphincter Place the Patient at an Increased Risk 10/1998
 for Subsequent Reoperation
 North Central Section, American Urological Association
 Amelia Island, Florida

Combined Stent and Artificial Urinary Sphincter for Management of Severe 10/2000
 Recurrent Bladder Neck Contractures and Stress Incontinence after
 Prostatectomy: A Long-Term Evaluation.
 North Central Section, American Urological Association
 Phoenix, Arizona

Does Nocturnal Deactivation of the Artificial Urinary Sphincter Lessen the Risk for 10/2000
 Urethral Atrophy?
 North Central Section, American Urological Association
 Phoenix, Arizona

Is Fascia Lata Allograft Material Trustworthy for Pubovaginal Sling Repair? 10/2000
 North Central Section, American Urological Association
 Phoenix, Arizona

Surgical Approach for Placement of SPARC Suburethral Sling 10/2002
 North Central Section, American Urological Association
 Chicago, Illinois

SPARC Suburethral Sling: Technique and Results (Video Presentation) 11/2002
 Western Section, American Urological Association
 Kauai, Hawaii

Tandem Transcorporal Artificial Urinary Sphincter Cuff Salvage Technique Following Previous Cuff Erosion and Infection: Surgical Description and Outcome Western Section, American Urological Association Maui, Hawaii	10/2006
Robotic Repair for Vaginal Prolapse has Significant Benefits North Central Section of the AUA - 83rd Annual Meeting Scottsdale, Arizona	11/2009
Results of Urethral Wrap As Salvage Treatment Option Following Multiple Failed Artificial Urinary Sphincters North Central Section of the AUA Chicago, Illinois	09/2010
Long-Term Results of Small Intestinal Submucosa at Artificial Urinary Sphincter Placement for Management of Persistent / Recurrent Incontinence Following Multiple Sphincter Failures and Erosions North Central Section of the AUA Rancho Mirage, California	10/2011
Infection of Antibiotic-Coated Artificial Urinary Sphincters North Central Section of the AUA Chicago, Illinois	10/2012
Long-Term Outcomes for Artificial Urinary Sphincter Reimplantation Following Prior Device Explantation for Erosion and/or Infection South Central Section of the AUA Chicago, Illinois	09/2013
Long Term Risk for Need to Repeat Anti-Incontinence Surgery Following Urethrolysis: A Review of 144 Patients North Central Section of the AUA Naples, Florida	10/2013
Long-Term Outcomes for Artificial Urinary Sphincter Reimplantation after Explanation for Erosion or Infection North Central Section of the AUA Naples, Florida	10/2013
Autologous Transobturator Mid-Urethral Sling Placement for Female Stress Urinary Incontinence (Video Presentation) North Central Section of the American Urological Association (AUA) Chicago, Illinois	09/2014
Urethral Management at the Time of Artificial Urinary Sphincter Erosion, Is Urethral Catheterization Alone Enough? North Central Section of the American Urological Association (AUA)	09/2014

Chicago, Illinois

A Comparison of Artificial Urinary Sphincter Device Outcomes Among Patients With and Without Diabetes 11/2015
North Central Section of the American Urological Association (AUA)
Amelia Island, Florida

Autologous Transobturator Urethral Sling Placement for Female Stress Urinary Incontinence 11/2015
North Central Section of the American Urological Association (AUA)
Amelia Island, Florida

Infection/Erosion Rates for Artificial Urinary Sphincter Revision After Mechanical Device Failure or Urethral Atrophy 11/2015
North Central Section of the American Urological Association (AUA)
Amelia Island, Florida

Long Term Continence Outcomes and Retreatment Rates Following Artificial Urinary Sphincter Placement: An Analysis of 1082 Cases at Mayo Clinic 11/2015
North Central Section of the American Urological Association (AUA)
Amelia Island, Florida

The Prospective Impact of Body Mass Index on Primary Artificial Urinary Sphincter Outcomes Among Males with Stress Urinary Incontinence 11/2015
North Central Section of the American Urological Association (AUA)
Amelia Island, Florida

Poster

Simultaneous Cuff-Only Artificial Urinary Sphincter at Augmentation Cystoplasty in Children and Young Adults 10/2013
North Central Section of the AUA
Naples, Florida

Factors Associated with Intraoperative Conversion During Robotic Sacrocolpopexy 09/2014
North Central Section of the American Urological Association (AUA)
Chicago, Illinois

Perioperative Impact of Androgen Deprivation Therapy on Artificial Urinary Sphincter Placement 10/2015
Western Section of the AUA
Indian Wells, California

The Protective Impact of Body Mass Index on Primary Artificial Urinary Sphincter Outcomes Among Males with Stress Urinary Incontinence 10/2015
South Central Section of the American Urological Association (AUA)
Scottsdale, Arizona

Effects of Radiation Therapy on Device Survival Among Individuals with Artificial Urinary Sphincters 11/2015
 North Central Section of the American Urological Association (AUA)
 Amelia Island, Florida

Negative Impact of Prior Sling on AUS Device Survival 11/2015
 North Central Section of the American Urological Association (AUA)
 United States of America

13. Visiting Professorship

Minnesota Urological Society Pyelogram Conference 11/2014
 The Artificial Urinary Sphincter: Proper Patient Selection, Implantation and Troubleshooting
 Lakeland, Minnesota

University of California Irvine 03/16/2015
 AUS: Patient Selection and Complications Management
 Irvine, California

14. Clinical Practice, Interests, and Accomplishments

15. Research Interests

16. Educational Practice, Interests, and Accomplishments

17. Research Grants Awarded

Active Grants

Completed Grants

Federal

Co-Investigator	Selenium and Vitamin E Cancer Prevention Trial (SELECT). Funded by National Cancer Institute. (U10 CA 37429-SELECT)	01/2010 - 12/2010
-----------------	---	-------------------

Industry

Principal Investigator	Are There Histological and Tensile Strength Variations in Autologous, Allograft and SIS Pubovaginal Slings Over Time Using the Rabbit Model. Funded by Mentor Corporation. (MENTOR #5, 1A4575)	10/2002 - 09/2003
------------------------	--	-------------------

Co-Investigator	Single Looped Mechanical Urinary Sphincter: Determination of Required Urethral Constriction Forces to Provide Adequate Urinary Continence in the Canine Model. Funded by Dacomed, Inc.. (Dacomed #1)	10/1995 - 12/1995
-----------------	--	-------------------

Co-Investigator	Clinical Investigation of the Safety and Performance of Timm Medical Technologies' Artificial Urinary Sphincter (TIMM-AUS). Funded by Timm Medical Technologies. (Timm # 1)	06/1999 - 02/2005
-----------------	---	-------------------

Co-Investigator	A Randomized, Double-Blind, Parallel-Group Study to Investigate the Effects of a Single Oral Dose of L-753099 Compared to Placebo and Tolterodine on Urodynamic Parameters in Healthy Male Volunteers.	07/1999 - 12/2003
-----------------	--	-------------------

Funded by Merck & Co., Inc.. (Merck 138)

Co-Investigator	The Safety, Local Tolerability, Pharmacokinetics, and Risk Benefit of Oxybutynin Transvaginal Rings (TVR) in Women with a History of Overactive Bladder. Funded by Advanced Biologics. (BIOLOGICS #1)	01/2001 - 12/2003
Co-Investigator	An Eight-Week, Double-Blind, Randomized, Parallel Group Design, Multicenter Study of FLOMAX Capsules, 0.4 mg Daily Vs. Placebo, in Female Patients w/ Lower Urinary Tract Symptoms (LUTS) w/ a Significant Component of Voiding Symptoms. Funded by Boehringer Ingelheim. (BOEHRINGER #34)	06/2001 - 07/2003
Co-Investigator	Veritas Collagen Matrix Urological Sling Postmarketing Clinical Study Protocol. Funded by Bio-Vascular, Inc.. (BIOVASCULAR #1)	10/2001 - 09/2003

Mayo Clinic

Principal Investigator	Transurethral Enzymatic Ablation of the Prostate (TEAP); Short-term Concentration Study. Funded by Department Discretionary Funds. (Immuno 2)	09/1995 - 12/2003
------------------------	---	-------------------

18. Patents

Title	Patent Number	Date Filed	Date Issued
Transabdominal Minimally Invasive Rectus Fascial Harvester Device Daniel S. Elliott	62033	03/2014	08/2014
Rectus Fascial Harvester Device Daniel S. Elliott	14815	03/2015	07/2015

19. Bibliography

Peer-reviewed Articles

1. Gleason PE, **Elliott DS**, Zimmerman D, Smithson WA, Kramer SA. Metastatic testicular choriocarcinoma and secondary hyperthyroidism: case report and review of the literature. J Urol. 1994 Apr; 151(4):1063-4. PMID: 8126794
2. **Elliott DS**, Blute ML, Patterson DE, Bergstralh EJ, Segura JW. Long-term follow-up of endoscopically treated upper urinary tract transitional cell carcinoma. Urology. 1996 Jun; 47(6):819-25. PMID: 8677570 DOI: 10.1016/S0090-4295(96)00043-X
3. **Elliott DS**, Barrett DM. Long-term followup and evaluation of primary realignment of posterior urethral disruptions. J Urol. 1997 Mar; 157(3):814-6. PMID: 9072573
4. **Elliott DS**, Barrett DM. The artificial urinary sphincter in the female: indications for use, surgical approach and results. Int Urogynecol J Pelvic Floor Dysfunct. 1998; 9(6):409-15. PMID: 9891964
5. **Elliott DS**, Barrett DM. Mayo Clinic long-term analysis of the functional durability of the AMS 800 artificial urinary sphincter: a review of 323 cases. J Urol. 1998 Apr; 159(4):1206-8. PMID: 9507835
6. Brown JA, **Elliott DS**, Barrett DM. Postprostatectomy urinary incontinence: a comparison of the cost of conservative versus surgical management. Urology. 1998 May; 51(5):715-20. PMID: 9610584
7. **Elliott DS**, Barrett DM. The artificial genitourinary sphincter. Digital Urology Journal. 1998 Jul.
8. **Elliott DS**, Timm GW, Barrett DM. An implantable mechanical urinary sphincter: a new nonhydraulic design concept. Urology. 1998 Dec; 52(6):1151-4. PMID: 9836575
9. **Elliott DS**, Boone TB. Urethral devices for managing stress urinary incontinence. Journal of Endourology. 2000 Feb; 14(1):79-83. PMID: 10735576
10. **Elliott DS**, Barrett DM. Artificial urinary sphincter implantation using a bulbous urethral cuff: perioperative care. Urol Nurs. 2000 Apr; 20(2):89-90, 95-8. PMID: 11998129
11. Frank I, **Elliott DS**, Barrett DM. Success of de novo reimplantation of the artificial genitourinary sphincter. J Urol. 2000 Jun; 163(6):1702-3. PMID: 10799164
12. Petrou SP, **Elliott DS**, Barrett DM. Artificial urethral sphincter for incontinence. Urology. 2000 Sep 1; 56(3):353-9. PMID: 10962293
13. **Elliott DS**, Boone TB. Is fascia lata allograft material trustworthy for pubovaginal sling repair? Urology. 2000 Nov 1; 56(5):772-6. PMID: 11068297
14. **Elliott DS**, Boone TB. Recent advances in the management of the neurogenic bladder. Urology. 2000 Dec 4; 56(6 Suppl 1):76-81. PMID: 11114567
15. **Elliott DS**, Boone TB. Combined stent and artificial urinary sphincter for management of severe recurrent bladder neck contracture and stress incontinence after prostatectomy: a long-term evaluation. J Urol. 2001 Feb; 165(2):413-5. PMID: 11176385 DOI: 10.1097/00005392-200102000-00014
16. **Elliott DS**, Mutchnik S, Boone TB. The "bends" and neurogenic bladder dysfunction. Urology. 2001 Feb; 57(2):365. PMID: 11182361
17. Kim IY, **Elliott DS**, Husmann DA, Boone TB. An unusual presenting symptom of sarcoidosis: neurogenic bladder dysfunction. J Urol. 2001 Mar; 165(3):903-4. PMID: 11176503

18. Petrou SP, **Elliott DS**. Artificial urethral sphincter for incontinence in adults. *Drugs Today (Barc)* 2001 Apr; 37(4):237-244 PMID: 12768224
19. **Elliott DS**, Barrett DM, Gohma M, Boone TB. Does nocturnal deactivation of the artificial urinary sphincter lessen the risk of urethral atrophy? *Urology*. 2001 Jun; 57(6):1051-4. PMID: 11377302
20. **Elliott DS**, Segura JW, Lightner D, Patterson DE, Blute ML. Is nephroureterectomy necessary in all cases of upper tract transitional cell carcinoma? Long-term results of conservative endourologic management of upper tract transitional cell carcinoma in individuals with a normal contralateral kidney. *Urology*. 2001 Aug; 58(2):174-8. PMID: 11489692
21. Lightner DJ, **Elliott D**, Gillett M. Surgeon's corner. Transvaginal culdoplasty for posthysterectomy vaginal vault prolapse. *Contemp Urol*. 2003 Sep; 15(9):15-22. PMID: 0
22. DiMarco DS, **Elliott DS**. Tandem cuff artificial urinary sphincter as a salvage procedure following failed primary sphincter placement for the treatment of post-prostatectomy incontinence. *J Urol*. 2003 Oct; 170(4 Part 1):1252-4. PMID: 14501735
23. **Elliott DS**, Barrett DM. Current indications for the use of the artificial genitourinary sphincter and management of its complications. *The Scientific World Journal*. 2004; 4(S1):114-27.
24. Di Marco DS, Chow GK, Gettman MT, **Elliott DS**. Robotic-assisted laparoscopic sacrocolpopexy for treatment of vaginal vault prolapse. *Urology*. 2004 Feb; 63(2):373-6. PMID: 14972496 DOI: 10.1016/j.urology.2003.09.033
25. Dora CD, Dimarco DS, Zobitz ME, **Elliott DS**. Time dependent variations in biomechanical properties of cadaveric fascia, porcine dermis, porcine small intestine submucosa, polypropylene mesh and autologous fascia in the rabbit model: implications for sling surgery. *J Urol*. 2004 May; 171(5):1970-3. PMID: 15076323 DOI: 10.1097/01.ju.0000121377.61788.ad
26. **Elliott DS**, Frank I, DiMarco DS, Chow GK. Gynecologic use of robotically assisted laparoscopy: sacrocolpopexy for the treatment of high-grade vaginal vault prolapse. *Am J Surg*. 2004 Oct; 188(4A Suppl S):52S-56S. PMID: 15476652
27. Krambeck AE, Dora CD, Sebo TJ, Rohlinger AL, DiMarco DS, **Elliott DS**. Time-dependent variations in inflammation and scar formation of six different pubovaginal sling materials in the rabbit model. *Urology*. 2006 May; 67(5):1105-10. PMID: 16698388 PMCID: 0 DOI: 10.1016/j.urology.2005.11.036
28. **Elliott DS**, Chow GK, Gettman M. Current status of robotics in female urology and gynecology. *World J Urol*. 2006 Jun; 24(2):188-92. Epub 2006 Mar 24. PMID: 16557388 PMCID: 0 DOI: 10.1007/s00345-006-0071-5
29. **Elliott DS**, Krambeck AE, Chow GK. Long-term results of robotic assisted laparoscopic sacrocolpopexy for the treatment of high grade vaginal vault prolapse. *J Urol* 2006 Aug; 176 (2):655-9 PMID: 16813916 DOI: 10.1016/j.juro.2006.03.040
30. Routh JC, Crimmins CR, Leibovich BC, **Elliott DS**. Impact of Parkinson's disease on continence after radical prostatectomy. *Urology*. 2006 Sep; 68(3):575-7. Epub 2006 Sep 18. PMID: 16979722 DOI: 10.1016/j.urology.2006.03.025
31. **Elliott DS**, Siddiqui SA, Chow GK. Assessment of the durability of robot-assisted laparoscopic sacrocolpopexy for treatment of vaginal vault prolapse. *J Robot Surg* 2007; 1 (2):163-8 Epub 2007 June 19 PMID: 25484955 PMCID: 4247457 DOI: 10.1007/s11701-007-0028-8
32. **Elliott DS**, Chow GK. [Management of vaginal vault prolapse repair with robotically-assisted laparoscopic sacrocolpopexy]. *Ann Urol (Paris)*. 2007 Feb; 41(1):31-6. PMID: 17338498

33. Magera JS Jr, **Elliott DS**. Tandem transcorporal artificial urinary sphincter cuff salvage technique: surgical description and results. J Urol. 2007 Mar; 177(3):1015-9; discussion 1019-20. PMID: 17296400 DOI: 10.1016/j.juro.2006.10.052
34. Krambeck AE, Thompson RH, Lohse CM, Patterson DE, Segura JW, Zincke H, **Elliott DS**, Blute ML. Endoscopic management of upper tract urothelial carcinoma in patients with a history of bladder urothelial carcinoma. J Urol. 2007 May; 177(5):1721-6. PMID: 17437796
35. Krambeck AE, Thompson RH, Lohse CM, Patterson DE, **Elliott DS**, Blute ML. Imperative indications for conservative management of upper tract transitional cell carcinoma. J Urol. 2007 Sep; 178(3 Pt 1):792-6; discussion 796-7 Epub 2007 Jul 16. PMID: 17632132 DOI: 10.1016/j.juro.2007.05.056
36. Magera JS Jr, Inman BA, **Elliott DS**. Does preoperative topical antimicrobial scrub reduce positive surgical site culture rates in men undergoing artificial urinary sphincter placement? J Urol. 2007 Oct; 178(4 Pt 1):1328-32; discussion 1332. Epub 2007 Aug 14. PMID: 17698144 DOI: 10.1016/j.juro.2007.05.146
37. **Elliott DS**, Frank I, Chow GK. Robotics and laparoscopy for vaginal prolapse and incontinence. Current Bladder Dysfunction Reports. 2007 Dec; 2(4):214-8.
38. Thompson RH, Krambeck AE, Lohse CM, **Elliott DS**, Patterson DE, Blute ML. Endoscopic management of upper tract transitional cell carcinoma in patients with normal contralateral kidneys. Urology. 2008 Apr; 71(4):713-7. Epub 2008 Feb 11. PMID: 18267338 DOI: 10.1016/j.urology.2007.11.018
39. Thompson RH, Krambeck AE, Lohse CM, **Elliott DS**, Patterson DE, Blute ML. Elective endoscopic management of transitional cell carcinoma first diagnosed in the upper urinary tract. BJU Int. 2008 Nov; 102(9):1107-10. Epub 2008 Jun 03. PMID: 18522631 DOI: 10.1111/j.1464-410X.2008.07766.x
40. Magera JS Jr, **Elliott DS**. Artificial urinary sphincter infection: causative organisms in a contemporary series. J Urol. 2008 Dec; 180(6):2475-8. Epub 2008 Oct 19. PMID: 18930496 DOI: 10.1016/j.juro.2008.08.021
41. Magera JS Jr, Inman BA, **Elliott DS**. Outcome analysis of urethral wall stent insertion with artificial urinary sphincter placement for severe recurrent bladder neck contracture following radical prostatectomy. J Urol. 2009 Mar; 181(3):1236-41. Epub 2009 Jan 18. PMID: 19152938 DOI: 10.1016/j.juro.2008.11.011
42. Tollefson MK, **Elliott DS**, Zincke H, Frank I. Long-term outcome of ureterosigmoidostomy: an analysis of patients with >10 years of follow-up. BJU Int. 2010 Mar; 105(6):860-3. Epub 2009 Aug 13. PMID: 19681892 DOI: 10.1111/j.1464-410X.2009.08811.x
43. Shimko MS, Umbreit EC, Chow GK, **Elliott DS**. Long-term outcomes of robotic-assisted laparoscopic sacrocolpopexy with a minimum of three years follow-up. J Robot Surg 2011 Sep; 5 (3):175-80 Epub 2011 Jan 19 PMID: 27637704 DOI: 10.1007/s11701-011-0244-0
44. Trost L, **Elliott DS**. Male stress urinary incontinence: a review of surgical treatment options and outcomes. Adv Urol. 2012; 2012:287489. Epub 2012 May 8. PMID: 22649446 PMCID: 3356867 DOI: 10.1155/2012/287489
45. Trost L, **Elliott D**. Small intestinal submucosa urethral wrap at the time of artificial urinary sphincter placement as a salvage treatment option for patients with persistent/recurrent incontinence following multiple prior sphincter failures and erosions. Urology. 2012 Apr; 79(4):933-8. Epub 2011 Nov 25. PMID: 22119252 DOI: 10.1016/j.urology.2011.09.003
46. **Elliott DS**. Con: mesh in vaginal surgery: do the risks outweigh the benefits? Curr Opin Urol. 2012 Jul; 22(4):276-81. PMID: 22617054 DOI: 10.1097/MOU.0b013e3283545991
47. Burgess KL, **Elliott DS**. Robotic/Laparoscopic prolapse repair and the role of hysteropexy: a urology perspective. Urol Clin North Am. 2012 Aug; 39(3):349-60. PMID: 22877718 DOI: 10.1016/j.ucl.2012.05.006

48. Mitchell CR, Gettman M, Chow GK, **Elliott D**. Robot-assisted sacrocolpopexy: description and video. J Endourol 2012 Dec; 26 (12):1596-9 Epub 2012 Oct 09 PMID: 23046290 DOI: 10.1089/end.2012.0388
49. Chau VR, Maxson PM, Joswiak ME, **Elliott DS**. Male sling procedures for stress urinary incontinence. Urol Nurs. 2013 Jan-Feb; 33(1):9-14, 37; quiz 14. PMID: 23556373
50. Linder BJ, **Elliott DS**. Robotic sacrocolpopexy: how does it compare with other prolapse repair techniques? Curr Urol Rep. 2013 Jun; 14(3):235-9. PMID: 23296693 DOI: 10.1007/s11934-012-0299-0
51. de Cogain MR, **Elliott DS**. The impact of an antibiotic coating on the artificial urinary sphincter infection rate. J Urol. 2013 Jul; 190(1):113-7. Epub 2013 Jan 09. PMID: 23313209 DOI: 10.1016/j.juro.2013.01.015
52. Linder BJ, Umbreit EC, Larson D, Dozois EJ, Thapa P, **Elliott DS**. Effect of prior radiotherapy and ablative therapy on surgical outcomes for the treatment of rectourethral fistulas. J Urol. 2013 Oct; 190(4):1287-91. Epub 2013 Mar 26. PMID: 23538238 DOI: 10.1016/j.juro.2013.03.077
53. Beddy D, Poskus T, Umbreit E, Larson DW, **Elliott DS**, Dozois EJ. Impact of radiotherapy on surgical repair and outcome in patients with rectourethral fistula. Colorectal Dis. 2013 Dec; 15(12):1515-20. PMID: 23841640 DOI: 10.1111/codi.12350
54. Linder BJ, de Cogain M, **Elliott DS**. Long-term device outcomes of artificial urinary sphincter reimplantation following prior explantation for erosion or infection. J Urol. 2014 Mar; 191(3):734-8. Epub 2013 Sep 7 PMID: 24018241 DOI: 10.1016/j.juro.2013.08.089
55. Clifton MM, Linder BJ, Lightner DJ, **Elliott DS**. Risk of repeat anti-incontinence surgery following sling release: a review of 93 cases. J Urol. 2014 Mar; 191(3):710-4. Epub 2013 Sep 20 PMID: 24060639 DOI: 10.1016/j.juro.2013.09.030
56. Viers BR, **Elliott DS**, Kramer SA. Simultaneous augmentation cystoplasty and cuff only artificial urinary sphincter in children and young adults with neurogenic urinary incontinence. J Urol. 2014 Apr; 191(4):1104-8. Epub 2013 Sep 20. PMID: 24060640 DOI: 10.1016/j.juro.2013.09.032
57. Linder BJ, **Elliott DS**. Autologous transobturator midurethral sling placement: a novel outpatient procedure for female stress urinary incontinence. Int Urogynecol J. 2014 Sep; 25(9):1277-8. Epub 2014 Mar 14 PMID: 24627107 DOI: 10.1007/s00192-014-2365-2
58. Linder BJ, **Elliott DS**. Autologous transobturator urethral sling placement for female stress urinary incontinence. J Urol. 2015 Mar; 193(3):991-6. Epub 2014 Oct 19. PMID: 25444955 DOI: 10.1016/j.juro.2014.08.125
59. Linder BJ, Chow GK, Hertzog LL, Clifton M, **Elliott DS**. Factors associated with intraoperative conversion during robotic sacrocolpopexy. Int Braz J Urol 2015 Mar-Apr; 41 (2):319-24 PMID: 26005974 PMCID: 4752096
60. Linder BJ, Rivera ME, Ziegelmann MJ, **Elliott DS**. Long-term Outcomes Following Artificial Urinary Sphincter Placement: An Analysis of 1082 Cases at Mayo Clinic. Urology 2015 Sep; 86 (3):602-7 Epub 2015 June 30 PMID: 26135815 DOI: 10.1016/j.urology.2015.05.029
61. Linder BJ, Piotrowski JT, Ziegelmann MJ, Rivera ME, Rangel LJ, **Elliott DS**. Perioperative Complications following Artificial Urinary Sphincter Placement. J Urol 2015 Sep; 194 (3):716-20 Epub 2015 Mar 14 PMID: 25776908 DOI: 10.1016/j.juro.2015.02.2945
62. Ogle CA, Linder BJ, **Elliott DS**. Holmium laser excision for urinary mesh erosion: a minimally invasive treatment with favorable long-term results. Int Urogynecol J 2015 Nov; 26 (11):1645-8 Epub 2015 June 11 PMID: 26063548 DOI: 10.1007/s00192-015-2752-3
63. Linder BJ, Chow GK, **Elliott DS**. Long-term quality of life outcomes and retreatment rates after robotic sacrocolpopexy. Int J Urol 2015 Dec; 22 (12):1155-8 Epub 2015 Aug 24 PMID: 26300382 DOI: 10.1111/iju.12900

64. **Elliott DS**, Biardeau X, Aharony S, Angermeier K, Boone TB, Brant WO, Chartier-Kastler E, Drake M, Hellstrom W, Herschorn H, Sandhu J, McCammon K, Morey S, Mourtzinis A, Nitti V, Peterson A, Westney L, Yafil Campeau Z, Corcos J. Artificial Urinary Sphincter: Executive Summary of the 2015 Consensus Conference Neurology and Urodynamics .;35(S5-S7).
65. Rivera ME, Linder BJ, Ziegelmann MJ, Viers BR, Rangel LJ, **Elliott DS**. The Impact of Prior Radiation Therapy on Artificial Urinary Sphincter Device Survival. J Urol 2016 Apr; 195 (4 Pt 1):1033-7 Epub 2015 Oct 27 PMID: 26518111 DOI: 10.1016/j.juro.2015.10.119
66. Linder BJ, Viers BR, Ziegelmann MJ, Rivera ME, Rangel LJ, **Elliott DS**. Artificial Urinary Sphincter Mechanical Failures-Is it Better to Replace the Entire Device or Just the Malfunctioning Component? J Urol 2016 May; 195 (5):1523-8 Epub 2015 Oct 19 PMID: 26493494 DOI: 10.1016/j.juro.2015.10.084
67. Ziegelmann MJ, Linder BJ, Rivera ME, Viers BR, Rangel LJ, **Elliott DS**. Outcomes of artificial urinary sphincter placement in octogenarians. Int J Urol 2016 May; 23 (5):419-23 Epub 2016 Feb 18 PMID: 26890355
68. Godwin CA, Linder BJ, Rivera ME, Ziegelmann MJ, **Elliott DS**. Effects of Smoking Status on Device Survival Among Individuals Undergoing Artificial Urinary Sphincter Placement. Am J Mens Health 2016 May 29 [Epub ahead of print] PMID: 27241681 DOI: 10.1177/1557988316651133
69. Linder BJ, **Elliott DS**. Autologous Transobturator Urethral Sling Placement for Female Stress Urinary Incontinence: Short-term Outcomes. Urology 2016 Jul; 93:55-9 Epub 2016 Mar 29 PMID: 27036519 DOI: 10.1016/j.urology.2016.03.025
70. McCall AN, Rivera ME, **Elliott DS**. Long-term Follow-up of the Virtue Quadratic Male Sling. Urology 2016 Jul; 93:213-6 Epub 2016 Mar 15 PMID: 26993349 DOI: 10.1016/j.urology.2016.03.012
71. Viers BR, Linder BJ, Rivera ME, Rangel LJ, Ziegelmann MJ, **Elliott DS**. Long-Term Quality of Life and Functional Outcomes among Primary and Secondary Artificial Urinary Sphincter Implantations in Men with Stress Urinary Incontinence. J Urol 2016 Sep; 196 (3):838-43 Epub 2016 Mar 17 PMID: 26997310 DOI: 10.1016/j.juro.2016.03.076
72. Bailey GC, Linder BJ, Rivera ME, Ziegelmann MJ, Rangel LJ, **Elliott DS**. The impact of androgen deprivation on artificial urinary sphincter outcomes. Transl Androl Urol 2016 Oct; 5 (5):756-761 PMID: 27785433 PMCID: 5071185 DOI: 10.21037/tau.2016.06.07
73. Ziegelmann MJ, Linder BJ, Rivera ME, Viers BR, **Elliott DS**. The impact of prior urethral sling on artificial urinary sphincter outcomes. Can Urol Assoc J 2016 Nov-Dec; 10 (11-12):405-409 PMID: 28096915 PMCID: 5167597 DOI: 10.5489/cuaj.3922
74. Viers BR, Linder BJ, Rivera ME, Andrews JR, Rangel LJ, Ziegelmann MJ, **Elliott DS**. The Impact of Diabetes Mellitus and Obesity on Artificial Urinary Sphincter Outcomes in Men. Urology 2016 Dec; 98:176-182 Epub 2016 June 29 PMID: 27374732 DOI: 10.1016/j.urology.2016.06.038
75. Agarwal DK, Linder BJ, **Elliott DS**. Artificial urinary sphincter urethral erosions: Temporal patterns, management, and incidence of preventable erosions. Indian J Urol 2017 Jan-Mar; 33 (1):26-29 PMID: 28197026 PMCID: 5264188 DOI: 10.4103/0970-1591.195758
76. Linder BJ, Viers BR, Ziegelmann MJ, Rivera ME, **Elliott DS**. Artificial urinary sphincter revision for urethral atrophy: Comparing single cuff downsizing and tandem cuff placement. Int Braz J Urol 2017 Mar-Apr; 43 (2):264-270 PMID: 28128901

Non-Peer-reviewed Articles

1. **Elliott DS**, Cone M, Boone TB. Transabdominal sacrocolpopexy for severe vaginal vault prolapse; Indications and results. Issues in Incontinence. 2000 Apr.

2. **Elliott DS**, Barrett DM. Surgical management of the neurogenic bladder. American Urological Association Update Series. 2001 Feb.
3. Krambeck AE, **Elliott DS**. Primary realignment of the traumatic urethral distraction. American Urological Association Update Series. 2005 Oct.
4. Burgess KL, **Elliott DS**. Techniques of Abdominal Sacrocolpopexy for the Management of Apical Prolapse. American Urological Association Update Series. 2012; Lesson 11, Volume 31:109-116.
5. **Elliott DS**. Botox for overactive bladder. Mayo Clinic Health Letter. 2013 July:4.

Books

1. **Elliott DS**, Linder Brian. Urinary Dysfunction in Prostate Cancer: "Reoperative Anti-incontinence Surgery" 1 Edition. Springer;

Book Chapters

1. Barrett DM, Abol-Enein H, Castro D, Hohenfellner M, Stohrer MW, Tanagho EA, **Elliott DS**, Chancellor MB, Madersbacher H, Stein R. Surgery for neuropathic bladder. in: World Health Organization: International Consultation on Incontinence, June 1998.
2. **Elliott DS**, Barrett DM. The artificial genitourinary sphincter. In: Resnick MI, Thompson IM, editors. Advanced Therapy of Prostate Disease. Hamilton: B. C. Decker Inc.; 2000. p. 405-9.
3. **Elliott DS**, Barrett DM. Management of complications of therapy: artificial urinary sphincter. In: Resnick MI, Thompson IM. Advanced therapy of prostatic disease. London: B.C. Decker Incorp; 2000 May.
4. **Elliott DS**, Boone TB. Neuromodulation for female idiopathic detrusor instability and urge incontinence. in: Female Pelvic Reconstructive Surgery. Stanton S, Zimmern P, editors. London: Springer-Verlag Publishers, 2001.
5. **Elliott DS**. Diagnosis and management of apical prolapse. In: Goldman HB, Vasavada SP, editors. Female urology: a practical clinical guide. Totowa: Humana Press; 2007. (Current clinical urology.). p. 297-306.
6. **Elliott DS**, DiMarco DS, Chow GK. Female urologic robotic surgery: gynecologic indication for robotic-assisted laparoscopy-sacrocolpopexy for the treatment of high grade vaginal vault prolapse. In: Faust RA, editor. Robotics in surgery: history, current and future applications. New York: Nova Science Publishers; 2007. p. 137-46.
7. **Elliott DS**, Krambeck A, Chow GK. Robotic urogynecologic surgery. In: In: Patel VR, editor. Robotic urologic surgery. London: Springer; 2007. p. 194-8.
8. **Elliott DS**, Chow GK. Robotic sacral colpopexy. In: Gharagozloo F, Najam F, editors. Robotic surgery. New York: McGraw-Hill Medical; 2009. p. 347-51.
9. McGee SM, Chow GK, **Elliott DS**. Robotic sacrocolpopexy: suspension of the bladder and vagina. In: Staskin DR editor. Atlas of bladder disease. Philadelphia: Springer; 2010. p. 251-8.
10. McGee SM, Shimko MS, **Elliott DS**, Chow GK. Robot-Assisted Laparoscopic Sacrocolpopexy. In: Atlas of Robotic Urologic Surgery, Current Clinical Urology Vol. 2. 2011. p. 107-18.
11. Shimko MS, **Elliott DS**. Robotic Surgery in Urogynecology. In: Robotics in Genitourinary Surgery. Vol. 7. 2011. p. 605-10.

12. **Elliott DS**, Trost LW. Esfínter Urinario Artificial. Fellow en disfunciones miccionales y urodinamia. In: Biomaterials and Prostheses Implant in Urology. 2012.
13. Linder BJ, **Elliott DS**. Robotic Sacrocolpopexy: How Does It Compare with Other Prolapse Repair Techniques? In: Current Urology Report. New York: Springer; 2012.
14. Trost L, **Elliott DS**. Artificial Urinary Sphincter: Reoperative Techniques and Management of Complications. In: Brandes SB, Morey AF editors. Advanced Male Urethral and Genital Reconstructive Surgery. 2nd ed. New York: Springer; 2014. p. 697-709.

Editorials

1. Richelson E, **Elliott DS**. Advances in medical management of overactive bladder. Mayo Clin Proc. 2003 Jun; 78(6):681-3.
2. **Elliott DS**. Is an artificial urinary sphincter more effective than a urethral bulking agent for postprostatectomy incontinence? Nature Clinical Practice Urol. 2005 May; 2(5):220-1.
3. Chow GK, **Elliott DS**. Endoscopic cystocele surgery: lateral repair with combined suture/mesh technique. J Endourol. 2010 Oct; 24(10):1569.

Commentaries

1. **Elliott DS**, Lightner DJ, Blute ML. Medical management of overactive bladder. Mayo Clin Proc 2001 Apr; 76(4):353-5 PMID:11322348 DOI:10.4065/76.4.353
2. **Elliott DS**, Krambeck AE, Chow GK, Lee DI. Robotics: Long-term results of robotic assisted laparoscopic sacrocolpopexy for the treatment of high grade vaginal vault prolapse - Commentary. J Endourol. 2007; 21(2):135.
3. **Elliott DS**. Can we better predict and treat urinary incontinence after prostatectomy? J Urol. 2012 Mar; 187(3):789-90. Epub 2012 Jan 15. PMID:22248524 DOI:10.1016/j.juro.2011.12.027
4. **Elliott DS**. Editorial comment. J Urol. 2013 Apr; 189(4):1442; discussion 1442-3. Epub 2013 Jan 08. PMID:23313625 DOI:10.1016/j.juro.2012.10.135
5. Linder BJ, **Elliott DS**. Reply: To PMID 22591970. Urology 2015 Sep; 86 (3):606-7 Epub 2015 Aug 07 PMID:26255584 DOI:10.1016/j.urology.2015.05.031

Audio/Video/CD-ROM/etc.

1. Frank I, **Elliott D**. SPARC Surgical Video: A New Outpatient Suburethral Sling Procedure for the Treatment of Female Stress Urinary Incontinence North Central Section of the American Urological Association (AUA). 2002 September.
2. Childs MA, McGee S, Routh J, Chow G, **Elliott DS**. Robot-Assisted Laparoscopic Sacrocolpopexy: A Review of the Learning Curve in Fifty Cases. Mayo Clinic Physician Update, News for Medical Professionals from Mayo Clinic Rochester (2009 Nov 11; Video Presentation) Epub 2009 Nov 11.
3. Trost L, **Elliott D**. Modifications to the Virtue male sling procedure: 5-points of fixation, 1-point of plication. Received first honorable mention video awards. Presented at the American Urological Association in San Diego, CA.2013 May;
4. Trost L, **Elliott D**. SIS urethral wrap at the time of repeat AUS placement following multiple prior failed AUS and erosions. AUA. 2011 May.

5. Trost L, **Elliott D**. SIS urethral wrap at the time of repeat AUS placement following multiple prior failed AUS and erosions. Received third place video awards. Presented at American Urological Association in Washington, DC. 2011 May;
6. Linder BJ, Frank I, Dozois EJ, **Elliott DS**. Robotic transvesical retrourethral fistula repair after a robotic radical prostatectomy. J Endourol, Part B, Videourology. 2013 Jan; 27.

Abstracts

1. **Elliott DS**, Brown JA, Barrett DM. Long term analysis of the functional durability of the AMS 800 artificial urinary sphincter: a review of 323 cases placed at the Mayo Clinic. (Abstract 1028). J Urol. 1997 Apr; 157(4 Suppl):265.
2. **Elliott DS**, Barrett DM. Long term followup and evaluation of primary realignment of posterior urethral disruption. (Abstract 855). J Urol. 1997 Apr; 157(4 Suppl):219.
3. Slezak J, Amling CL, **Elliott DS**, Blute ML, Zincke H. Should patients with very high serum PSA levels (greater-than-or-equal-to 50 ng/ml) undergo radical prostatectomy? (Abstract 1247). J Urol. 1997 Apr; 157(4 Suppl):320.
4. Blute ML, **Elliott DS**, Patterson DE, Bergstralh EJ, Segura JW. Endoscopic renal preserving surgery for management of upper urinary tract transitional cell carcinoma. (Abstract 182). Br J Urol. 1997 Sep; 80(Suppl 2):47.
5. **Elliott DS**, Barrett DM. Does the need for reoperation on an artificial genitourinary sphincter (AMS 800) place the patient at an increased risk for further reoperation due to mechanical or non-mechanical reasons. (Abstract 163). J Urol. 1998 May; 159(5 Suppl):45.
6. Frank I, **Elliott DS**, Zincke H, Blute ML. Ureterosigmoidostomy. American Urological Association Annual Meeting, Anaheim, California. 2001 Jun.
7. **Elliott DS**, Husmann DA. Recurrent urinary tract infections in patients with a hypocontractile bladder secondary to diabetes mellitus: does the addition of prophylactic antibiotics to cic alter the incidence of bacteriuria and symptomatic uti's? J Urol. 2002 Apr; 167(4):8.
8. Kausik S, **Elliott DS**. External beam radiation and its effect on artificial urinary sphincter long-term function. American Urological Association Annual Meeting, Orlando, Florida. 2002 Jun.
9. DiMarco D, **Elliott DS**. Long term results of tandem urethral cuff for the treatment of male incontinence following RRP. North Central Section, American Urological Association, Chicago, Illinois. 2002 Oct.
10. Dora C, **Elliott DS**. Preliminary results of SPARC suburethral sling. North Central Section, American Urological Association, Chicago, Illinois. 2002 Oct.
11. Dimarco DS, Chow GK, Gettman MT, **Elliott DS**. Robotic-assisted laparoscopic sarcocolpopexy (Abstract MP 18/17). J Endourol. 2004 Nov; 18(Suppl 1):A109.
12. Hawatmeh SI, **Elliott DS**. OB tape suburethral sling for stress urinary incontinence (Abstract V496). J Urol. 2005 Apr; 173(4):135.
13. Krambeck AE, Dora CD, DiMarco DS, Sebo TJ, Zobitz ME, **Elliott DS**. Time dependent variations in inflammatory reaction and scar formation of cadaveric fascia, porcine dermis, porcine small intestine submucosa, polypropylene mesh and utologous fascia in the rabbit model: implications for pubovaginal sling surgery (Abstract 931). J Urol. 2005 Apr; 173(4):252.

14. Webster W, **Elliott D**. Age and obesity predict early failure of synthetic suburethral slings for stress urinary incontinence. International Continence Society Meeting, Montreal, Canada. 2005 Aug.
15. Magera JS Jr, **Elliott DS**. Advancement in salvage procedure following failed artificial urinary sphincter: tandem transcorporal artificial urinary sphincter cuff technique (Abstract V1675). J Urol. 2006 Apr; 175(4 Suppl):540.
16. Krambeck AE, Thompson RH, Segura JW, Patterson DE, Zincke H, Blute ML, **Elliott DS**. Endoscopic management of upper tract urothelial carcinoma in patient with a history of primary bladder urothelial carcinoma (Abstract 1100). J Urol. 2006 Apr; 175(4 Suppl):354.
17. Thompson RH, Krambeck AE, Patterson DE, Segura JW, Blute ML, **Elliott DS**. Endoscopic treatment of upper tract urothelial carcinoma in patients with solitary kidneys (Abstract 47). J Urol. 2006 Apr; 175(4 Suppl):16-7.
18. Routh JC, Leibovich BC, Crimmins CR, **Elliott DS**. Parkinson's disease impact on voiding function after radical prostatectomy (Abstract 1603). J Urol. 2006 Apr; 175(4 Suppl):516-7.
19. Krambeck AE, Thompson RH, Patterson DE, Segura JW, Blute ML, **Elliott DS**. Conservative management of upper tract urothelial carcinoma in patients with imperative indications (Abstract VP6-01). J Endourol. 2006 Aug; 20(Suppl 1):A32.
20. Krambeck AE, Thompson RH, Patterson DE, Segura JW, Blute ML, **Elliott DS**. Endoscopic management of upper tract urothelial carcinoma in patients with a history of primary bladder urothelial carcinoma (Abstract VP6-02). J Endourol. 2006 Aug; 20(Suppl 1):A32.
21. Thompson RH, Krambeck AE, Patterson DE, Blute ML, Segura JW, **Elliott DS**. Endoscopic treatment of upper tract urothelial carcinoma in patients with normal contralesional kidneys (Abstract VP4-02). J Endourol. 2006 Aug; 20(Suppl 1):A20.
22. Childs MA, Routh JC, Chow GK, **Elliott DS**. Robotic sacrocolpopexy: the learning curve for a novel surgical technique. J Endourol. 2010 Sep; 24(Suppl 1):A205-6.
23. **Elliott DS**. Impact of Radiotherapy on Surgical Repair and Outcomes in Patients with Rectourethral Fistula. 67th Annual Meeting of the Canadian Urological Association. 2012 June.
24. **Elliott DS**, Chow GC. Comparative surgical complications of the robotic sacrocolpopexy for pelvic organ prolapse vs. traditional transabdominal sacrocolpopexy. BJU Int. 2012 Oct; 110:57-8.
25. Linder B, Umbreit E, Larson D, Dozois E, **Elliott D**. The impact of prior radiotherapy on outcomes following surgical repair of a rectourethral fistula in men with prostate cancer. Neurourol Urodyn. 2013 Feb; 32(2):174.
26. Linder B, **Elliott D**. Long-term outcomes for artificial urinary sphincter reimplantation following prior device explantation for erosion or infection. Neurourol Urodyn. 2014 Feb; 33(2):170.
27. Linder B, **Elliott D**. Autologous transobturator mid-urethral sling placement for female stress urinary incontinence. North Central Section, American Urologic Association Chicago, IL. Sept 2014.
28. Linder B, Piotrowski J, Zieglemann M, Miest T, Rivera M, Ogle C, **Elliott D**. A prospective evaluation of complications after artificial urinary sphincter placement and their impact on device survival. Neurourol Urodyn. 2015 Feb; 34:S26.
29. Linder B, **Elliott D**. Autologous transobturator urethral sling placement for female stress urinary incontinence. Neurourol Urodyn. 2015 Feb; 34:S50.

30. Rivera M, Ziegelmann M, Linder B, Viers B, Rangel L, **Elliott D**. Effects of radiation therapy on device survival among individuals with artificial urinary sphincters. *Neurourol Urodyn*. 2015 Feb; 34:S80-1.
31. Ogle C, Linder B, **Elliott D**. Holmium laser excision of genitourinary mesh exposure following anti-incontinence surgery: minimum 6 month follow-up. *Neurourol Urodyn*. 2015 Feb; 34:S26.
32. Ziegelmann M, Linder B, Rivera M, Ogle C, **Elliott D**. Outcomes for artificial urinary sphincter placement after prior male urethral sling failure. *Neurourol Urodyn*. 2015 Feb; 34:S26-7.
33. Linder B, **Elliott D**. Urethral management during artificial urinary sphincter explantation for erosion. *Neurourol Urodyn*. 2015 Feb; 34:S55-6.
34. Godwin C, Linder B, Blackburne A, Rivera M, **Elliott D**. Effects of smoking status on device survival among individuals undergoing artificial urinary sphincter placement *Neurourology And Urodynamics* 2016 Feb; 35 (Suppl 1):S71
35. Agarwal D, Linder B, **Elliott D**. Temporal pattern of artificial urinary sphincter (aus) cuff erosions indicating differing etiologies of aus cuff erosions *Neurourology And Urodynamics* 2016 Feb; 35 (Suppl 1):S69
36. Linder B, **Elliott D**. Autologous transobturator urethral sling placement for female stress urinary incontinence *J Urol*.195:(4)e868-869.Abstract no.MP65-12.
37. Viers B, Linder B, Rivera M, Rangel L, Ziegelmann M, **Elliott D**. Long-term quality of life and functional outcomes among primary and secondary artificial urinary sphincter implantations in men with stress urinary incontinence North Central Section of the AUA, Chicago IL.
38. Rivera M, Linder B, Viers B, Ziegelmann M, Rangel L, **Elliott D**. Predictors of patient satisfaction following primary aus placement among men with and without a prior history of radiation North Central Section of the AUA, Chicago, IL.
39. Scales JA, Linder BJ, Rangel L, **Elliott DS**. Artificial urinary sphincter revision with quick-connectors versus suture-tie connectors: do the different techniques make a difference? *Neurourology And Urodynamics* 2017 Feb; 36 (Suppl 1):S134
40. Yang DY, Linder BJ, Rangel LJ, **Elliott DS**. Can time to failure predict artificial urinary sphincter component failure? *Neurourology And Urodynamics* 2017 Feb; 36 (Suppl 1):S89-90
41. Linder BJ, Trabuco EC, Gebhart J, Klingele C, Occhino J, **Elliott DS**, Lightner DJ. Can urodynamic parameters predict sling revision for voiding dysfunction in women undergoing synthetic midurethral sling placement? *Neurourology And Urodynamics* 2017 Feb; 36 (Suppl 1):S136-7
42. Lomas DJ, **Elliott DS**. How informed is our consent? Patient awareness of radiation and radical prostatectomy complications *Neurourology And Urodynamics* 2017 Feb; 36 (Suppl 1):S140-1
43. Blackburne AT, Linder BJ, **Elliott DS**. Outcomes comparison of artificial urinary sphincter device survival in patients on warfarin versus patients not on warfarin *Neurourology And Urodynamics* 2017 Feb; 36 (Suppl 1):S43

* Indicates that the primary author was a mentee of this author.

BECKY SMITH CASE-SPECIFIC RELIANCE LIST

DANIEL S. ELLIOTT, M.D.

MATERIALS REVIEWED:

Depositions of the Parties

Smith, Becky

Medical and Billing Records

Advanced Urology
Adventist Medical Center
Legacy Meridian Park Medical Center
Oregon Clinic, PC
Providence Medical Group Seaside
Providence Seaside Hospital
Tillamook Medical Group
Tuality Healthcare Neurology Clinic
Women's Health Care Clinic of Oregon

Instructions for Use

Other

Plaintiff Fact Sheet
Plaintiff Profile Form
Defendants' Fact Sheet

Incorporated Materials

All materials cited in and reviewed for the general causation reports